EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON EXPRESSED EMOTIONS AND KNOWLEDGE REGARDING RELAPSE PREVENTION AMONG CAREGIVERS OF PATIENTS WITH SCHIZOPHRENIA IN A SELECTED HOSPITAL, SALEM.

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CERTIFICATE

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- Cicero

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ABSTRACT

This study was conducted to evaluate the effectiveness of structured teaching programme on expressed emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia in a selected hospital, Salem. The design adopted was pre experimental one group pre test post test design. The non probability purposive sampling technique was used to select the 30 caregivers from Sri Gokulam Hospital. Expressed Emotions was assessed by using Level of Expressed Emotions Scale (LEE) and knowledge regarding relapse prevention was assessed by using structured self reporting questionnaire. Data were analyzed by using both descriptive and inferential statistical methods. The study finding revealed that during pre test, 12(40%) had low Expressed Emotions and 18(60%) had high Expressed Emotions. Whereas during post test, 23(76.67%) had low Expressed Emotions and 7(23.33%) had high Expressed Emotions. During pre test, 23(76.67%) had inadequate knowledge and 7(23.33%) had moderately adequate knowledge regarding relapse prevention. During post test, 23(76.67%) had adequate knowledge and 7(23.33%) had moderately adequate knowledge regarding relapse prevention. The pre test mean score on Expressed Emotions was 23.43±11.20 and knowledge regarding relapse prevention was 11.23±2.13. The post test mean score on Expressed Emotion was 14.33±8.20 and knowledge was 18.97±1.94.

The obtained paired 't' test value was 31.13 which was significant at $p \leq 0.05$ (table value 2.05) level. This indicates that the structured teaching programme was effective in improving the level of knowledge regarding relapse prevention among caregivers of patients with schizophrenia. Hence the hypothesis H_1 was retained. The correlation between the Expressed Emotions and knowledge in pre test score was 0.15 and the post test score was 0.12. This revealed that there was a positive correlation. Hence the hypothesis H_2 was retained at $p \leq 0.05$ level. There was a significant association found between the Expressed Emotions, knowledge regarding relapse prevention with relationship to the client (χ^2 =13.18 at $p \leq 0.01$ and χ^2 =8.4 at $p \leq 0.05$ level respectively) Hence H_3 was retained. This study concluded that structured teaching programme was effective in increasing the knowledge regarding relapse prevention and decreasing the Expressed Emotions among caregivers of patients with schizophrenia.

CHAPTER -I

INTRODUCTION

"Perhaps it is good to have a beautiful mind, But an even greater gift is to discover a beautiful heart."

- John Nash

Schizophrenia is a severe mental disorder that has been recognized and described throughout the history **(Stone, 2006).** Eugen Bleuler (1857-1939) suggested the term "schizophrenia" emphasizing the "splitting of the mind **(Niraj Ahuja, 2011).** Schizophrenia affects around 0.3 – 0.7% of people at some period in their life or 24 million people worldwide as of 2011 (about one of every 285). Each year, one in 10,000 people at the age group of 12 to 60 develops schizophrenia. It is diagnosed 1.4 times more frequently in males than females and typically appears earlier in men and the peak ages of onset are 20–28 years for males and 26–32 years for females. Onset in childhood is much rarer because most of the time the onset is middle or old age **(WHO, 2011)**.

Risk factor for developing schizophrenia are gene variations, maternal infections and flu during pregnancy, baby delivery complications, birth of the baby during winter season, older age of father, poor mother and child relationship, social isolation during childhood, child abuse (physical, sexual and emotional abuse, and emotional neglect), head injury, broken homes, social stress associated with immigrants with black skin colour, low social economic status, lower educational achievement and higher rates of unemployment **(Alan S. Brown, 2004).**

People with this disorder may hear voices that other people don't hear. They may believe others are reading their minds, controlling their thoughts or planning to

harm them, “lose touch” with reality, hallucinations are things a person sees, hears, smells, or feels that no one else can see, hear, smell, or feel, delusions are fixed, false beliefs that are not part of the person’s culture and do not change, agitated body movements, unusual or dysfunctional ways of thinking**,** flatten affect, emotional withdrawal, poverty of speech and difficulty in abstract thinking, asociality, avoliation, apathy, attentional impairment, not able to understand information and use it to make decisions, trouble focusing or paying attention, problems with ability to use information immediately after learning it **(Lindenmayer& Khan, 2006).**

Healthy family social environment may reduce schizophrenia risk by 86% in high risk groups. Pharmacological therapies and psychosocial interventions play a role in the prognosis of schizophrenia as an essential component of a comprehensive schizophrenia treatment. The Schizophrenia can be controlled but not curable. Rehabilitation emphasizes social and vocational training to help people with schizophrenia function better in their communities (**William M,et.al, 2006).**

In a broader sense, relapse is the return of signs and symptoms after a remission. Patients who did not take medication continuously showed relapse rates of 48% at the one year follow up, 61% at the second year’s follow up and 82% at the end of the five years time**.** Risk factors for developing relapse are stressful life, demanding life, lack of regular routines, lack of social, family and community support, substance use or abuse, poor diet pattern, poor sleeping habits, medication use problems like medication is stopped without consulting the psychiatrist, taken irregularly or the dose is too low, conflicts with others, thoughts or situations that have come before a previous episode of illness, other medical or physical problems and high levels of expressed emotions include criticism, hostility or too much emotional over

involvement from family members, low expressed emotions include positive regard and warmth **(Kissling 2005).**

Expressed Emotions (EE) are adverse family environment, which includes the quality of interaction patterns and nature of family relationships among the family caregivers and patients of schizophrenia and other psychiatric illness. Expressed Emotion is divided into high and low. There are five components of Expressed Emotions, which are critical comments, hostility, emotional over involvement, positive regard, and warmth. Research has demonstrated that individuals from families with high "Expressed Emotion" are 3.7 times more likely to relapse than in families from low Expressed Emotion families (**William M, et.al, 2004).** The importance of Expressed Emotion depends on persons with mental illness, such as schizophrenia, who live with close relatives and who have negative attitudes and social withdrawal by the patient are significantly more likely to relapse. The amount of face to face contact the patient has with his or her relative is also an important indicator in the prognosis of schizophrenia together with high expressed emotion in home environment **(Sullivan, 2006).**

Research has revealed an important role the family can play in helping in the recovery of the person with psychotic experiences. In particular, attitudes of friends and relatives towards the person and how they understand and react to the person's experiences are very important. They can also influence the extent to which the person is able to recover. Of particular relevance to schizophrenia is the level of "expressed emotion" (yelling, shouting, fighting, or critical or hostile comments) and stress that is in the living environment of the person with schizophrenia. The regular use of medication and having low contact (less than 35 hours per week with high

expressed emotions family members) are found to be factors related to a better course in schizophrenia (**Eaton, 2006**).

Main goal of psychosocial interventions are primarily aimed at reducing from high to low expressed emotions. Psychosocial interventions are psycho education, communication skills, problem-solving skills, social skills and occupational training, crisis management, and healthy coping strategies with the continuous medicines proved to be effective in reducing the high Expressed Emotions [EE] and improving treatment outcome **(Anekal C, et .al, 2012).**

Need for the Study:

The Prevalence rate of schizophrenia is approximately 1.1% of the population over the age of 18 or one in life time 51 million people worldwide suffer from schizophrenia. It includes 6 to 12 million people in China , 4.3 to 8.7 million people in India, 2.2 million people in USA ,285,000 people in Australia, Over 280,000 people in Canada and over 250,000 diagnosed cases in Britain. Schizophrenia ranks among the top 10 causes of disability in developed countries worldwide. The prevalence for the 2014 year is about one in 4,000. So about 1.5 million people will be diagnosed with schizophrenia in worldwide. In the United States 100,000 will be diagnosed with schizophrenia **(US NIMH 2012).**

World Health Organization (WHO) conducted a collaborative study in urban and rural Chandigarh, monitored for a period of two years. The annual incidence of schizophrenia obtained was 4.4 and 3.8 per 10,000 for the rural and urban areas respectively. Prevalence studies of schizophrenia in India report between 2.6 and 3.4 per 1000. There appears to be no consistent difference between rural and urban areas in the frequency of the illness, and no clear pockets of high or low prevalence **(Thara R, et.al, 2004).** As part of an Indian Council of Medical Research (ICMR) funded

longitudinal study in urban Chennai, found an incidence rate of 2.1 per 10,000 by the community survey **(Parmanand Kulhara, 2010).**

A study was conducted in Tamil Brahmin caste. The result revealed that (499/504) individuals having schizophrenia Most affected individuals exhibited negative symptoms (>90%) and a severe, chronic course. All participants lived in the same geographic and climatic region and most affected individuals resided with close family members, increasing uniformity of the socio cultural environment **(Thara R, et. al**, **2009).**

Another contemporary study done in Finland revealed that in the healthy family only 13% of the children developed schizophrenia, whereas around 87% of the children of dysfunctional families developed schizophrenia **(Pekka Tienari, et.al, 2004).**

In Australia, the findings of a research which was designed to investigate the relapse rates in schizophrenia showed that high contact with high expressed emotions relatives (more than 35 hours per week) was more likely to increase relapse 87% as compared to only 13 % in low expressed emotion relatives **(Muazzaz, 2009).** A study was conducted in German. Relapse was expected in 70% patients after first episode, 70% of patients show an incomplete remission after first episode. This includes cognitive decline (57%), persistence of negative symptoms (43%), often associated with Social disabilities, Social decline and a worsened quality of life. Risk of relapse after an episode remained increased throughout the life **(Muller N, 2004).**

Family education on schizophrenia has been shown to improve knowledge and promote improvement in patient symptoms. In a randomized controlled trial in China, 101 people with schizophrenia and their families were educated about schizophrenia

and followed up. Nine months after discharge the relapse rate of the experimental group (16%) was lower than that of the control group (37%) **(Li,et.al, 2005).**

People with schizophrenia have 50 times higher risk of attempting suicide than the general population, it is the number one cause of death among people with schizophrenia, with an estimated 10 percent to 13 % and approximately 40% attempting suicide at least once (and as much as 60% of males attempting suicide). While comparing with the general population is around 0.01% **(US, NIMH, 2012).**

Researcher believes that this study is not only designed to reduce harmful family interactions, such as reducing criticism, hostility and emotional over involvement but also aimed to achieve certain objectives including helping the family to accept that their patient suffers from a mental illness, diminish felt responsibility for the illness by providing structured teaching programme on Expressed Emotions and knowledge regarding relapse prevention on schizophrenia which may lead to increase in knowledge on relapse prevention and decrease Expressed Emotions among caregivers. Hence the researcher selected this topic for the research study.

Statement of the Problem:

A Study to Evaluate the Effectiveness of Structured Teaching Programme on Expressed Emotions and Knowledge regarding Relapse Prevention among Caregivers of Patients with Schizophrenia in a Selected Hospital, Salem.

Objectives:

1. To assess the expressed emotions among caregivers of patients with schizophrenia.
2. To assess the knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

3. To find out the effectiveness of structured teaching programme on expressed emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.
4. To correlate the expressed emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.
5. To associate the pre test expressed emotions with the selected demographic variables.
6. To associate the pre test knowledge regarding relapse prevention with the selected demographic variables.

Operational Definitions:

Effectiveness:

It refers to increase in post test scores after administering structured teaching programme on Expressed Emotions and knowledge regarding relapse prevention. This will be assessed by using structured self reporting questionnaire.

Structured Teaching Programme:

It is a well planned teaching programme which includes components like schizophrenia, relapse, Expressed Emotions and treatment for relapse and expressed emotions.

Expressed Emotions:

It refers to the undesirable emotions (high Expressed Emotions) of caregivers expressed towards the patient which is measured through Level of Expressed Emotions Scale (LEE).

Knowledge:

It is the verbal response given by the caregivers regarding relapse prevention which can be assessed through structured self reporting questionnaire.

Relapse prevention:

It is the knowledge given to the caregivers pertained to definition of relapse, risk factors for relapse, early warning signs of relapse, relapse prevention strategies to decrease the Expressed Emotions of caregivers.

Caregivers:

It refers to whom ever being with the patient for minimum of three months and involved in caring the patient with schizophrenia.

Schizophrenia:

Any clients who come to hospital with major mental disorder diagnosed to have schizophrenia with second episode of illness.

Assumptions:

1. Level of knowledge regarding relapse prevention varies from individual to individual.
2. Caregivers of patients with schizophrenia may have high expressed emotions.
3. Structured teaching programme on expressed emotions and knowledge regarding relapse prevention among caregivers may help them to reduce their expressed emotions.

Hypotheses:

H_1: There will be a significant difference in the pre and post test knowledge among care givers of patients with schizophrenia after structured teaching programme at $p \leq 0.05$ level.

H_2: There will be a significant correlation between the Expressed Emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

H_3: There will be a significant association between the pre test Expressed Emotions and with the selected demographic variables among care givers of patients with schizophrenia at $p \leq 0$ .05 level.

H_4: There will be a significant association between the pre test knowledge regarding relapse prevention with the selected demographic variables among care givers of patients with schizophrenia at $p \leq 0$ .05 level.

Delimitations:

The study was limited to

1. Clients who are diagnosed to have schizophrenia coming to hospital with the second episode of illness.
2. Relatives being with the patient minimum of three months to take care of the patient.
3. The data collection period was limited to 4 weeks.

Projected outcome:

1. This study would reveal the existing Expressed Emotions and knowledge on relapse prevention among caregivers of patients with schizophrenia.
2. This study would motivate the caregivers of patients with schizophrenia to update their knowledge regarding relapse prevention and Expressed Emotions.
3. This study would evaluate the effectiveness of structured teaching programme on Expressed Emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.
4. This study would decrease the Expressed Emotions of caregivers after structured teaching programme on knowledge regarding relapse prevention.

Conceptual Frame Work:

This research study is conducted to evaluate the effectiveness of structured teaching programme on Expressed Emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia. The conceptual frame work for this study is based on modified Murray Bowen Family system theory (1966).

According to **Bowen**, individuals cannot be understood in isolation from one another but rather as a part of their family, as the family is an emotional unit. Families are systems of interconnected individuals. Within the boundaries of the system, pattern develops as certain family member's behaviour is caused by and causes other family member's behaviours in predictable ways. Maintaining the same pattern of behaviours within a system may lead to balance in the family system.

Initiative phase:

According to Bowen the initiative phase focuses on information gathering in order to form ideas about the families' emotional process. The presenting problem is followed through the history of the family and into the extended family system.

In this study initiative phase proceeded with gathering demographic information of caregivers of patients with schizophrenia, assessment of Expressed Emotions of caregivers by using Level of Expressed Emotions Scale (LEE) and assessment of knowledge regarding relapse prevention by using structured self reporting questionnaire.

Middle phase:

According to Bowen in the middle phase the therapist takes on the flavour of teaching, as clients learn about the predicable patterns of triangles.

In this study the researcher provides structured teaching programme on Expressed Emotions and knowledge regarding definition schizophrenia and relapse,

risk factors for relapse, early warning signs of relapse and relapse prevention strategies.

Latter phase:

According to theorist, Clients practises measures control which could their emotional reactivity in their family and report their struggles and progresses into following sessions. In this theory there was no feedback provided to the clients.

In current study the changes expected as increase in knowledge regarding relapse prevention and decrease in Expressed Emotions.

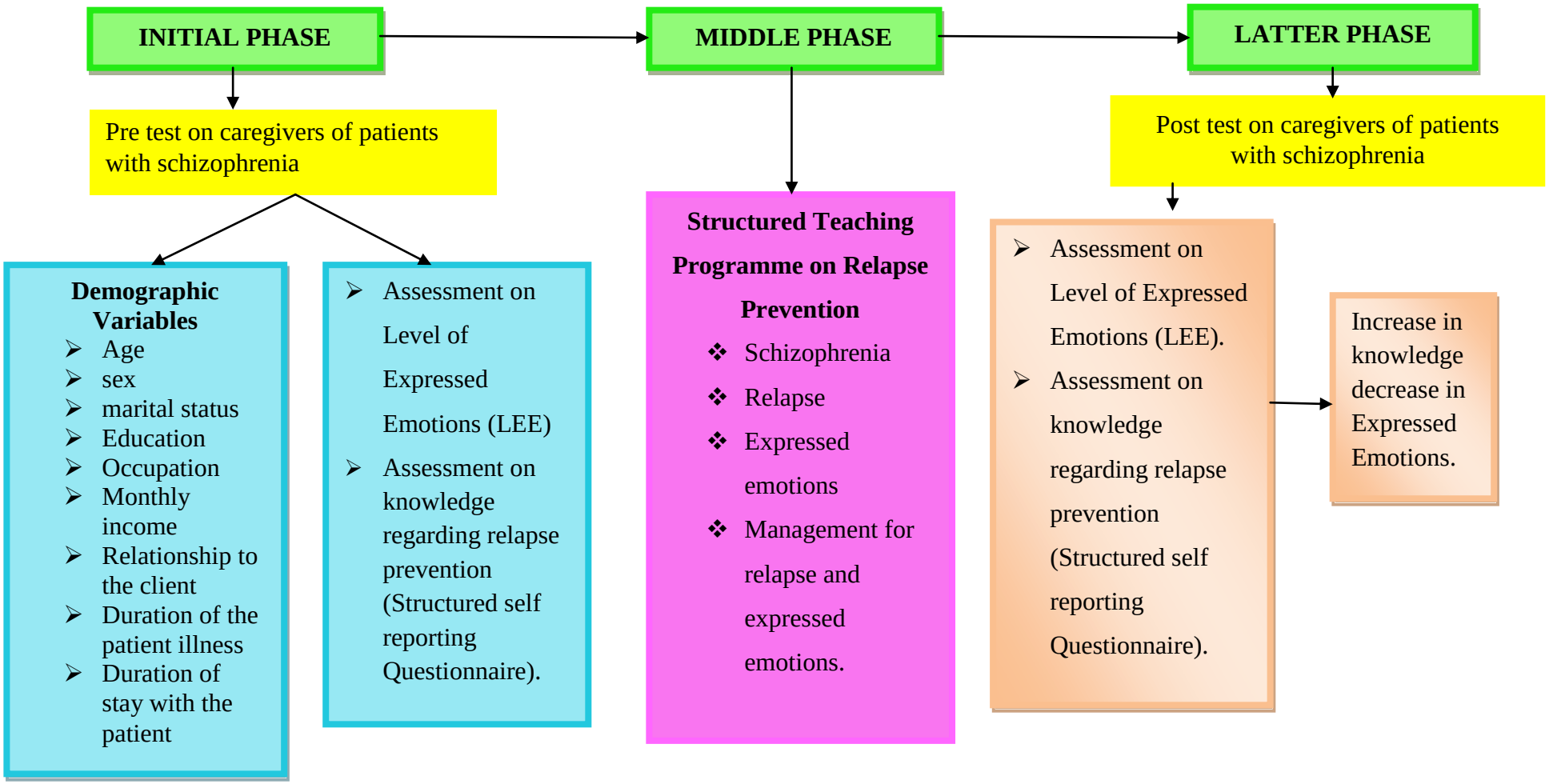


Figure -1.1: Conceptual framework based on modified Murray Bowen's Family System Theory (1966) on Effectiveness of Structured Teaching Programmed on Expressed Emotions and Knowledge regarding Relapse Prevention among Caregivers of Patients with schizophrenia.

Summary:

In this chapter the investigator had discussed the background of the study, need for the study and statement of the problem, objectives, hypotheses, operational definitions, assumptions, delimitations, projected outcome and conceptual framework.

CHAPTER - II

REVIEW OF LITERATURE

Review of literature is an essential step in the development of a research project. This helps the researcher to design the proposed study in a scientific manner so as to achieve the desired outcome as result. It also helps to determine the gaps, consistencies and inconsistencies in the available literature about particular subject under the study.

Review of literature for the present study was classified under the following headings,

1. Literature related to Expressed Emotions and relapse on schizophrenia.
2. Literature related to Expressed Emotions among caregivers of patient with schizophrenia.
3. Literature related to structured teaching programme on Expressed Emotions and relapse prevention on schizophrenia among care givers of patients with schizophrenia.

I. Literature related to Expressed Emotions and relapse on schizophrenia.

Laurent Boyer, et.al, (2013) done a study on quality of life is predictive of relapse in schizophrenia. Multicenter cohort study was conducted over a 2 year period in France, UK and Germany. The objective of this study was to assess the quality of life predictive of relapse in schizophrenia patients. Total number of samples was 1024 selected with randomised control trial design. The study subjects were assessed with demographic data, social function with 36 self administered questions, Positive and Negative Syndrome Scale (PNSS) and functioning based on the Global Assessment of Functioning scale. Among the total patients 540 (53%) had at least one period of relapse, and 484 (47%) had no relapse. This finding may have implications for future

use of the quality of life in psychiatry. The researcher concluded that the findings may support the development and monitoring of complementary therapeutic approaches, such as recovery oriented combined with traditional mental health care's to prevent relapse in psychiatric disease.

Gleeson J.F, et.al, (2010) done a longitudinal study on family outcomes of relapse prevention therapy in first episode of psychosis. The study subjects were selected by randomized control trial, Patients from the Early Psychosis Prevention and Intervention Centre (EPPIC) in Melbourne and from JIGSAW, Barwon Health in Geelong, Victoria, Australia, were selected between November 2003 and May 2005. The total numbers of sample were 63. Family members were assessed by The Family Questionnaire care giving, Expressed Emotion, General Health Questionnaire of 28 Items and Brief Psychiatric Rating scale. Relapse prevention therapy was provided to 32 caregivers, and 31 families received treatment as usual. At 12 months follow up, the relapse rate was significantly lower in the therapy condition compared with treatment as usual (P =.039). The relatives of patients who received relapse prevention therapy perceived less stress related to their relative's negative symptoms and an increase in perceived opportunities to make a positive contribution to the care of their relative compared to carers in the treatment as usual condition. The researcher concluded that relapse prevention therapy for relapse prevention showed promise in improving the experience of care giving for family members of first episode psychosis patients over 2 years follow up period.

RMK N.G, et.al, (2009) conducted a longitudinal prospective study on expressed emotion and relapse of schizophrenia in Hong Kong. The objective of this study was to assess the Expressed Emotions and relapse among caregivers of patients with schizophrenia. Total number of samples was 33 patient relatives were selected

with random control trial design. The samples were assessed by Camberwell Family Interview scale, Brief Psychiatric Rating Scale. The patients and caregivers were followed up for 9 months after their discharge. The study results showed that the relapse rate in the high expressed emotion group was 88.6% ($p < 0.01$) and that in the low expressed emotion group was 11.4% ($p < 0.01$). The researcher concluded that relapse did not seem to be significantly correlated with high emotional over involvement in this study.

Robinson D, et.al, (2009) done a longitudinal study in USA on predictors of relapse prevention following response from a first episode of schizophrenia or schizoaffective disorder. The study subjects were 104 patients. The objective of the study was to find out the relapse after response to a first episode of schizophrenia. The study results showed that five years after initial recovery, first relapse rate was 81.9%, second relapse rate was 78.0%, and third relapse rate was 86.2%. Discontinuing antipsychotic drug therapy increased the risk of relapse by almost 5 times. Subsequent analyses controlling for antipsychotic drug use showed that patients with poor premorbid adaptation to school and premorbid social withdrawal relapsed earlier. The researcher concluded that there is a high rate of relapse within 5 years of recovery from a first episode of schizophrenia. This risk was diminished by maintenance antipsychotic drug treatment.

Herz M.I, et.al, (2004) done a prospective longitudinal study on relapse prevention programme in schizophrenia in US at University of Rochester Medical Centre. The objective of the study was to assess the relapse rate in schizophrenia. The sample size was 82 outpatients those who had been diagnosed with DSM-III-R (Revision) schizophrenia or schizoaffective disorder and they were randomly assigned to receive either programme for relapse prevention (experimental group, $n = 41$) or

treatment as usual (control group, n = 41) and were followed up for an 18 months. The tool used was baseline Global Assessment Scale, Positive and Negative Syndrome Scale scores .Patients in both groups were prescribed standard doses of maintenance antipsychotic medication. Treatment with programme for relapse prevention consisted of a combination of psycho education, active monitoring for prodromal symptoms with clinical intervention when such symptoms occurred, and weekly group therapy for patients, and multifamily groups. The Treatment as usual consisted of biweekly individual supportive therapy and medication management. Study results showed in experimental group over 18 months were 47% for relapse and 53% for rehospitalisation, whereas in control group 48% for relapse, 52% for rehospitalisation. The study concluded that the Programme for relapse prevention was effective in detecting prodromal symptoms of relapse early in an episode. Crisis intervention including increased antipsychotic medication use during the prodromal phase reduced relapse and rehospitalisation rates.

II. Literature related to Expressed Emotions among caregivers of patient with schizophrenia:

Sofi Marom, et. al, (2013) conducted a longitudinal study in expressed emotion on hospitalised caregivers of patients with schizophrenia over 7 years in Israel at Geha Mental Health Centre & Rabin Medical Centre. The objective of the study was to assess the level of expressed emotions among caregivers of clients with schizophrenia clients. The samples were selected with randomised control design. The sample size was 108 caregivers. The researcher had followed up the patient and caregivers over 7 years after the discharge from the hospital. The assessment was done with DSM –IV-TR (Text Revision) criteria, Brief Psychiatric Rating Scale; Expressed Emotions of the caregivers were assessed with the Five Minute Speech

Scale. The study result showed that caregivers from low expressed emotions households were younger than caregivers from high expressed emotions households (32.9±9.4 and 38.1±11.7, $t = 2.55$, $p < 0.05$). The study concluded that differences between patients' ages did not seem to significantly affect the impact of familial expressed emotions on the outcome.

Onwumere J, et.al., (2009) had done a cross sectional study in London on patient perceptions of caregiver criticism in psychosis. The objective of the study was to assess the patient perceptions of relative criticism. The sample size was 67 relatives of schizophrenics. The study examined the association of patient ratings of carer criticism with patient and carer characteristics. Patient ratings of carer criticism were also compared with the ratings of the carer done by Camberwell Family Interview. Perceptions of carer criticism were associated with Camberwell Family Interview ratings of carer criticism, hostility, and high expressed emotions independently of emotional over involvement, and poorer functioning. The study results showed that the high expressed emotion was a significant predictor of perceived carer criticism. This research supports the validity of using feedback from patients to assess the emotional climate of the family environment.

Scazufca M, et.al., (2006) done a longitudinal study over 2 years in London on links between burden of care and expressed emotion in caregivers of patients with schizophrenia. The objective of the study was to examine to what extent expressed emotions levels in relatives are related to caregiver's burden of care and their perceptions of client deficits in social role performance. The study subjects were selected by random control design. The total number of study subjects was 50 caregivers of patients with schizophrenia and those who were recently got admission in the hospital. The samples were assessed by family burden assessment scale. The

caregivers received the information about patients' social role performance and social and behaviour problems. The study result showed that high expressed emotions relatives had considerably higher mean scores for burden of care then low expressed emotions relatives (12.5 and 6.8, respectively, P = 0.002), and perceived more deficits in patients' social functioning than low expressed emotions relatives (means: 16.2 and 6.9, respectively, P = 0.004). The researcher concluded that that burden of care and expressed emotions are related. Expressed emotions and burden of care are more dependent on caregiver's evaluation of the patient condition than on client actual deficits.

Kavangh D. J, (2006) done a longitudinal study between the year of 2002 to 2004 in Spain on recent developments in expressed emotion and schizophrenia. The objective of this research was to find out the association between the expressed emotions and schizophrenia. The study subjects were selected by random control trial design. The total number of study subjects was 69. The samples were assessed by level of expressed emotion scale and Brief Psychiatric Rating Scale (BPRS). The median relapse rate in a high expressed emotions environment is 64%, compared with 36% in a low expressed emotions environment. Expressed emotions probably determines relapse through its effect on emotions and symptom control. The study results showed that families have made positive achievements, including the provision of non-invasive support.

Karanci A.N, Inandilar H, (2005) done a qualitative study at Middle East Technical University in Turkey among the major caregivers of Turkish patients with schizophrenia about the predictors of components of expressed emotions. The main aim of this investigation was to examine the predictive power of patient and relatives characteristics and caregivers' perceptions of frequency, coping, distress and

discomfort, control of symptom behaviours by the patient, and attributions on development of the illness on two components of expressed emotions (criticism and emotional over involvement). The sample was selected with random control trial. Sample sizes were 72 caregivers of schizophrenia. The study subjects were assessed by Expressed Emotion Scale (Camberwell family interview), socio demographic and illness, the family questionnaire, distress and discomfort, coping and control of symptom behaviours, causal attributions for illness and in the hospital setting. The mean, SD score for pre test 47.61±14.06 and post test mean score was 6.42±4.61. The researcher concluded that perceptions of coping with symptom behaviours and reported distress as well as discomfort about symptom behaviours were significant predictors.

Phillips M.R, (2003) done a longitudinal study between 1990 to 2000 on Stigma and expressed emotion. This is the study of people with schizophrenia and their family members in China. The objective of the study was to assess the stigma and expressed emotions among family members. The samples were selected with randomised control design. The study sample was 952 family members of schizophrenia. The samples were assessed with the help of Chinese version of the Camberwell Family Interviews. Family members reported that stigma had a moderate to severe effect on the lives of patients over the previous 3 months in 72% of the interviews, and on the lives of other family members in 28 % of the interviews. The researcher concluded that effect of stigma on patients and family members was significantly greater if the respondent had a high level of expressed emotion, severe positive symptoms, respondent was highly educated and if the family lived in a highly urbanised area.

III. Literature related to structured teaching programme on expressed emotions and relapse prevention on schizophrenia among care givers of patients with schizophrenia.

Chien W.T, et.al, (2013) done a longitudinal study on effectiveness of mutual support group intervention for Chinese families of people with schizophrenia. The objective was to assess the effectiveness of mutual support group intervention among schizophrenia caregivers. The sample size was 135 caregivers and their patients with schizophrenia were randomly recruited, of whom 45 family dyads received family led mutual support group, a psycho education group, or standard care. The tool used to assess the samples was Brief Psychiatric Rating Scale (BPRS). The mutual support and psycho education groups comprised 14 two hours group sessions, with patients participating in at least 5 sessions. Those in standard care received routine psychiatric care. Multiple patient and family-related psychosocial outcomes were compared at recruitment and at one week, 12 months, and 24 months following interventions. One hundred and twenty-six of 135 family dyads completed the three post-tests and 43 (95.6%) attended at least nine group sessions (60%) of the mutual support group programme. The study result showed that pre test score on knowledge was 31.2 ±7.0 and post test score was 42.7 ±7.6. The researcher concluded that psycho education for caregivers will reduce the hospitalization of patients.

Nirmala B.P, et.al, (2011) conducted a longitudinal study on expressed emotion and caregiver burden in patients with schizophrenia. This study was conducted in India at Bangalore. The objective of this study to assess the level of expressed emotions and caregiver burden in patients with schizophrenia. The study samples were selected by randomized control trial. The sample for the study consisted of totally 70 subjects comprising 35 schizophrenic patients and 35 caregivers. Who

were attending the day care centre in NIMHANS. Family emotional involvement and criticism scale and the burden assessment schedule were administered to assess the expressed emotions and caregivers' burden. The study result showed that the mean total score of Family emotional involvement was 55.6±5.5 and burden assessment schedule was 42.1±6.9. The mean scores of both the Family emotional involvement and burden assessment schedule revealed high level of expressed emotions by caregivers toward patients and high level of subjective burden among the caregivers. The researcher concluded that the need for addressing expressed emotion in comprehensive psychosocial intervention plan and more attention should be paid to the needs of the caregivers in order to alleviate their burden in managing schizophrenia clients.

Aguglia E, et.al, (2009) done a study in Italian community psychiatric network on psycho educational intervention and prevention of relapse among schizophrenic disorders. The main objective of the study was to assess the effectiveness of the combination of a long term drug therapy and a psycho educational intervention, on people affected by schizophrenia in reducing relapses in view of number of hospitalisations and clinical parameters. A prospective study was conducted on 150 caregivers of patients with schizophrenia over 15 centres in Italy over a period of one year. The assessment was done with the help of BPRS (Brief Psychiatric Rating Scale), SAPS (Scale for Assessment of Positive Symptoms), SANS (Scale for Assessment of Negative Symptoms), Sympson and Angus Scale, ROMI (Rating of Medication Influences) and the Lancaster QL (Lancaster Quality of Life Profile. The experimental group was treated with drug therapy, traditional psychosocial and psycho education for the patients and their families, while the control group received traditional psychosocial and drug intervention over 1 year.

Among the psychosocial interventions, the psycho education was found to be more effective for the past 30 years. The intervention consists of simple, correct and complete information about the disorder and its possible treatment methods. The result showed that in experimental group the mean score was 11± 3.1, whereas in control group the score was 32.24±5.42.The researcher concluded that even short term educational-informative contents were able to improve the patients' and their family members' attitude toward the disorder.

Thara R, et.al, (2009) done a longitudinal study in Chennai about family education in schizophrenia at schizophrenia research foundation. The study primary objective was to evaluate the worth of structured psycho education for families of patients with chronic schizophrenia. It is a comparison of two method approach that is structured psycho education programme and informal psycho education programme. The family education programme (FEP) prevents or delay relapse in patients with schizophrenia. The study was conducted between the years of 2004 to 2006. The total no of samples were 26 selected with the help of randomised control design. The tool used to assess the sample was positive and negative syndrome scale (PNSS), Disability scale. All families were attended six-week programme. The study result showed that during pre test (75%) and post test (35%) had relapse rate,'t' test value was 51.21, p=0.247. Informal psycho education programme was conducted over 4 months. Screening done with a 40-minute film called FACES was held (Family Care, Empowerment and Support). The study result showed that the psychopathology of patients and the burden of care giving on primary caregivers did not show any significant difference but there was a significant gain in caregivers' knowledge with information and experience sharing. Most families seemed to prefer the structured psycho education, which recorded better attendance and participation. The

investigator concluded that Informal educational sessions may be very much effective and practical in the Indian setting.

Dorian M, et.al, (2008) done a longitudinal study on acceptance and Expressed Emotion in Mexican American caregivers of relatives with schizophrenia. The objective of the study was to assess the level of expressed emotions among schizophrenia caregivers. The study subjects were selected with random control design. The study sample size was 31 family caregivers. The samples were assessed by Brief Psychiatric Rating Scale Expanded Version (BPRS), Camberwell family interview. The intervention used as video-recorded interactions between the client and the relatives. The result showed that moderate to high degree of acceptance was observed, overall acceptance was 3.78±1.1, aversive response was 2.0±1.1and unified detachment was 3.1±1. The three acceptance scales were significantly correlated with each other, overall acceptance with unified detachment ($r = 71$, $P < 0.01$) and with aversive responses ($r = -0.60$, $P < 0.01$). Unified detachment was correlated with aversive responses ($r = -0.55$, $P< 0.01$). The investigator concluded that relative to low expressed emotions caregivers, high expressed emotions caregivers were consistently more accepting of their ill relatives across the three measures of acceptance.

Bauml J, et.al, (2007) done a longitudinal study in German on effectiveness of psycho education in schizophrenia. It was a 7 year follow up concerning re-hospitalisation and stay in hospital in the Munich Psychosis Information Project Study in German. The objective of the study was to assess the effectiveness of psycho education among schizophrenia patients and their caregivers. The long term effects of psycho education over a period of 7 years were investigated in regard to re-hospitalisation rates and hospital days. The study subject's size was 101 patients with

DSM-III-R (Revision) or ICD-9 schizophrenia randomly selected. During the admission, 24 patients of the intervention group and their relatives each received a separate psycho education. The rate of re-hospitalisation per patient was 1.5 in the intervention group and 2.9 in the control group ($p < 0.05$). In the intervening period, the mean number of hospital days spent in a psychiatric hospital was 75 in the intervention group and 225 days in the control group ($P < 0.05$). The investigator concluded that seven years after psycho education, significant effects on the long term course of the schizophrenia can be found. So psycho education into standard therapy for schizophrenia is accepted.

Mino Y, et.al, (2005) done a longitudinal study in Japan to find out the technique and evaluation used in family intervention for schizophrenia caregivers based on expressed emotion. The study objective was to assess the technique and evaluation used in family intervention on expressed emotions among caregivers of patients with schizophrenia. All study samples were selected through randomized controlled trials. The samples were assessed by Camberwell Family interview, Brief psychiatric Rating Scale. The present study shows eight series of trials on psycho-social family intervention for schizophrenia based on Expressed Emotion. The relapse risk ratios for both intervention and control group was for 9-12 months after discharge were 0.73% and for 24 months were 0.57%. The researcher concluded that the psycho-social family intervention based on expressed emotions is effective in preventing schizophrenic relapse.

Rer, et.al, (2004) done a study on the effect of family interventions on relapse and rehospitalisation in schizophrenia. The objective of the study was to assess the effectiveness of family intervention on relapse among caregivers of schizophrenia patients. Twenty five intervention studies were meta-analytically examined. The study

investigated family intervention programs to educate relatives and help them to cope up with the patient's illness. The patient's relapse rate, measured by either a significant worsening of symptoms or rehospitalisation in the first years after hospitalization, served as the main study criterion. The study result showed that relapse rate was reduced by 20 percent if relatives of schizophrenia patients are included in the treatment. The researcher concluded that effects of family interventions and comprehensive patient interventions were comparable. This meta-analysis indicates that psycho educational interventions are essential to schizophrenia treatment.

Summary:

This chapter dealt with literatures related to Expressed Emotions and relapse on schizophrenia, Expressed Emotions among caregivers of patient with schizophrenia and structured teaching programme on Expressed Emotions and relapse prevention on schizophrenia among care givers of patients with schizophrenia.

CHAPTER - III

RESEARCH METHODOLOGY

The methodology of research indicates general pattern of organizing the procedure for gathering valid and reliable data for the purpose of investigation. **(Polit D. F Hungler, 2003)**

This chapter deals with a brief description of different steps which was taken by the investigator for the study. It includes the research approach, research design, variables, settings, population, and sample size, sampling techniques, tool validity, and reliability, description of tool, data collection procedure and plan for data analysis.

Research Approach:

The research approach adopted for this study was quantitative evaluative approach.

Research Design:

Research design refers to overall plan for obtaining answers to research questions and it spells out the strategies that the research adopts to develop information that is adequate, accurate, objective and interpretable. **(Polit D.F Hungler, 2003)**

The research design chosen for this study was pre experimental design. [One group pre test - post test design]. The design was represented as,

O_1 X O_2

O_1: Pre test on Expressed Emotions and knowledge regarding relapse prevention.
X: Structured teaching programme on expressed emotions and knowledge regarding relapse prevention.
O_2: Post test on Expressed Emotions and knowledge regarding relapse prevention .

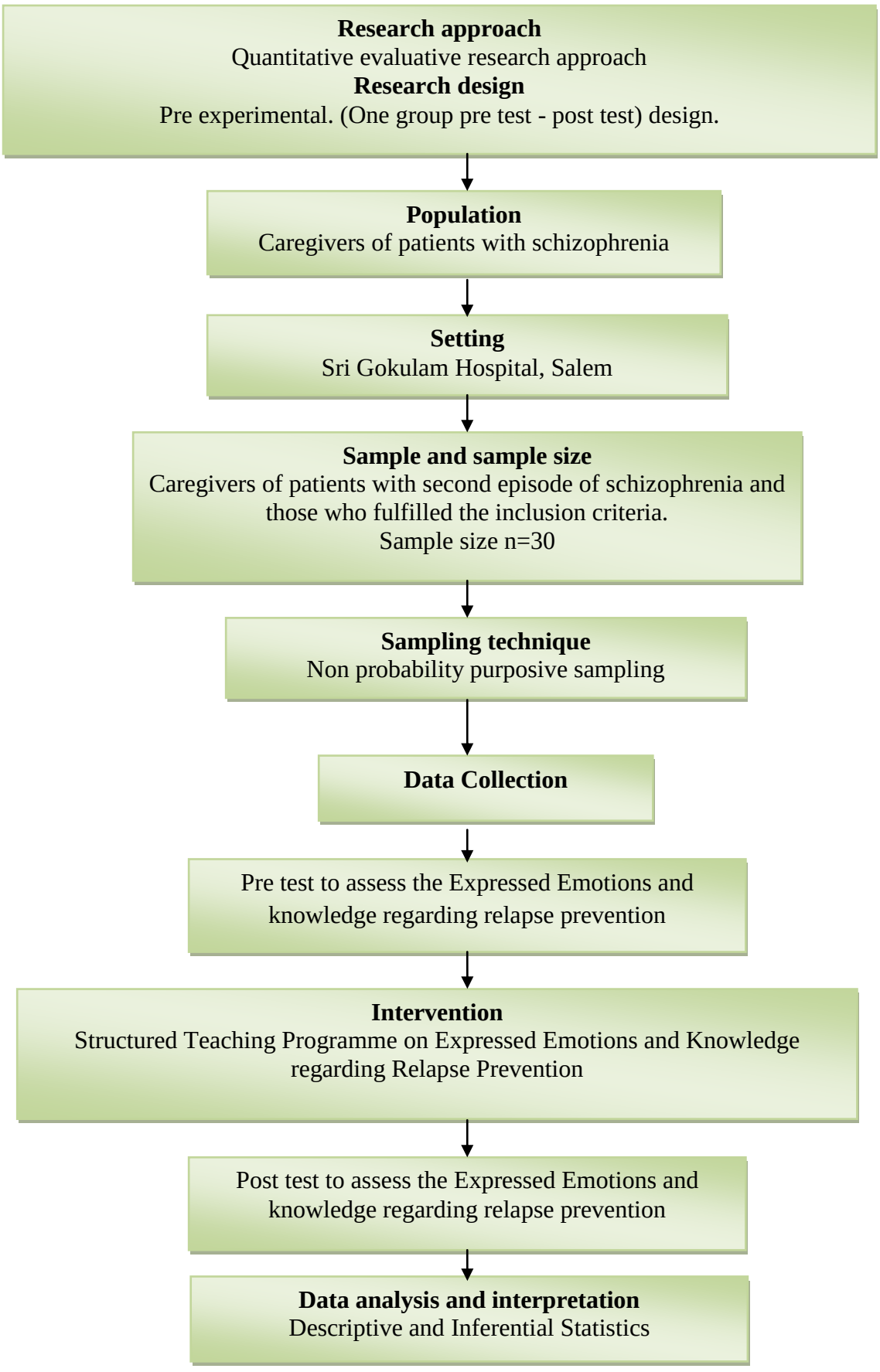


Fig-3.1: Schematic Representation of Research Methodology

Population:

The study population comprises of caregivers of patients with schizophrenia.

Description of Setting:

The study was carried out in psychiatric inpatient and outpatient department of the Sri Gokulam Hospital, which is a 350 bedded multi specialty high technology hospital. The hospital is about 8km away from Sri Gokulam College of Nursing, Salem. The setting is situated in the middle of the city.

Variables:

Independent variable:

Structured teaching programme.

Dependent variable:

Expressed Emotions and knowledge on relapse prevention.

Extraneous variables:

Age, sex, marital status, education, occupation, monthly income, relationship to the client, and duration of illness, duration of stay with the patient, type of family, religion and residence.

Sampling:

Sample:

The sample comprised of caregivers of patients with second episode of schizophrenia and those who fulfilled the inclusion criteria

Sample size:

The sample size was 30.

Sampling Technique:

In this study non probability purposive sampling technique was adopted to select the samples.

Criteria for sample selection:

Inclusion criteria:

- Care givers of Patients with second episode of schizophrenia attending both inpatient department and outpatient department.
- Those who are willing to participate in the study.
- Both male and female caregivers.
- Those who can read and write Tamil and English.
- Those who are present during the study period.

Exclusion criteria

- Caregivers with chronic physical illness.
- Caregivers with cognitive dysfunction.

Description of the Tool:

It consists of three sections.

Section-A: Demographic variables

Demographic variables of the samples. It includes age, sex, marital status, education, occupation, monthly income, relationship to the client, and duration of illness, duration of stay with the patient, type of family, religion and residence.

Section -B: Level of Expressed Emotion Scale (LEE)

Level of Expressed Emotion scale (LEE) was used to measure the emotions of caregivers of patients with schizophrenia. It is a standardized scale. The scale was introduced by John D.Cole and Kazarina S.Shahe in the year 1990 at London.

It consists of 60 items with both 30 positive and 30 negative statements. The responses of samples were categorized as true or false.

Scoring key for Level of Expressed Emotion Scale

Table – 3.1 (a): positive statement

Response	Score
True	1
False	0

Table -3.1 (b): negative statement (Reverse score)

Response	Score
True	0
False	1

The scores were divided into the following categories,

Table – 3.2: scoring procedure for Level of Expressed Emotions

Category	Score
Low Expressed Emotions (Desired Emotions)	1-20
High Expressed Emotions (Undesired Emotions)	21-60

Section-C: Structured self reporting questionnaire was used to assess the knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

The knowledge questions were under the sub headings like schizophrenia, relapse, expressed emotions, and management of relapse and expressed emotions. The items were categorized as multiple choice questions.

There were 25 statements. The desirable responses of subjects were given the score of 1 and all the undesirable responses were given the score of 0. Here the knowledge of subjects was categorized as below.

Table-3.3: Scoring procedure for knowledge regarding relapse prevention

Category	Score	Percentage
Adequate knowledge	17-25	65-100%
Moderately adequate knowledge	9-16	33-64%
Inadequate knowledge	0-8	0-32%

Validity and Reliability:

Validity:

Validity of an instrument refers to the degree to which an instrument measures what it is supposed to measuring **(Sharma Suresh K, 2012).**

Validity of the tool was obtained on the basis of opinion of Medical Experts one in the field of Psychiatry, one Clinical Psychologist and four nursing experts in the field of Mental Health Nursing. Based on the expert's suggestions and recommendation the tool was finalized. The tool was found appropriate and translated in to Tamil.

Reliability:

Reliability is the degree of consistency and accuracy with which an instrument measures the attribute for which it is designed to measure **(Sharma Suresh K, 2012).**

The reliability of the tool was checked by using test retest method. The obtained r value for both the Level of Expressed Emotions (LEE) scale and knowledge questions were 0.89 showed that the tool was highly reliable.

Pilot Study:

After the formal permission obtained from the Managing Director of the hospital, the pilot study was conducted in Vinayaka Missions Kirupanadha Variyar hospital, Salem. The pilot study was conducted from 22.7.2013 to 28.7.2013. Four samples were selected with the help of non probability purposive sampling technique. Pre test was conducted on 22.07.2013. There were two scales had been used.1. Level of Expressed Emotion (LEE) scale and structured self reporting questionnaire on knowledge regarding relapse prevention. Followed with the structured teaching programme was provided and the post test was conducted for the same samples on 28.7.2013(that is after a week period).Through the pilot study the investigator found that the study is feasible and applicable to conduct the main study.

Method of Data Collection:

Ethical consideration:

Written permission was obtained from the Managing Director of Sri Gokulam Hospital, Salem, oral consent was taken from the study samples to participate in the study and then the main study was conducted.

Data collection procedure:

The study was conducted between 29.7.2013 to 27.8.2013. The study samples were selected by non probability purposive sampling technique. On and average the investigator got 1-2 samples in a day. On the day one the tool was administered to study samples. The samples took maximum of 45 minutes to complete the Level of Expressed Emotions Scale and structured self reporting questionnaire scale. The same day the investigator has given one to one teaching by using LCD. Then the feedback session was there. All the samples were cooperative for the study. On 7^{th} day the post test was done with the same above mentioned scales.

Plan for Data Analysis:

In this study both descriptive and inferential statistics were used to analyze the data.

- Demographic variables were calculated by using frequency percentage and mean.
- The effectiveness of structured teaching programme on Expressed Emotions and knowledge regarding relapse prevention was calculated by using inferential statistics [t-test].
- To find out the correlation between Expressed Emotions and knowledge regarding relapse prevention the correlation coefficient test was used.
- Association between the pre test Expressed Emotions, knowledge and their selected demographic variables was tested by using chi-square analysis.

Summary:

This chapter dealt with the research approach, research design, population, settings, variables, sampling, criteria for sample selection, description of the tool, validity and reliability, pilot study, data collection and data analysis procedure. The analysis and interpretation of the study are present in the following chapter.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

Analysis is the process of the organizing and synthesizing data in such a way that questions can be answered and hypothesis tested**. (Polit, D.F., and Hungler, 2003)**

This chapter deals with analysis and interpretation of data collected to evaluate the effectiveness of structured teaching programme on Expressed Emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia in a selected hospital, Salem**.**

The collected data was tabulated, organized and analyzed by using descriptive & inferential statistics as follows,

Section-A:

Distribution of caregivers of patients with schizophrenia according to their demographic variables.

Section-B:

a) Distribution of caregivers of patients with schizophrenia according to the pre test score on Expressed Emotions.
b) Distribution of caregivers of patients with schizophrenia according to the pre test score on knowledge regarding relapse prevention.

Section-C:

a) Distribution of caregivers of patients with schizophrenia according to the post test score on Expressed Emotions.
b) Distribution of caregivers of patients with schizophrenia according to the post test score on knowledge regarding relapse prevention.

c) Comparison between the percentage of pre test and post test scores on Expressed Emotions among caregivers of patients with schizophrenia.

d) Comparison between the percentage of pre test and post test scores on knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

e) Comparison of Mean, SD, Mean percentage and Differences in Mean percentage according to their pre test and post test scores on Expressed Emotions among caregivers of patients with schizophrenia.

f) Comparison of Mean, SD, Mean percentage and Differences in Mean percentage according to their pre test and post test scores on knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

g) Area wise Mean, SD, Mean percentage and Differences in Mean percentage among caregivers of patients with schizophrenia according to the pre test and post test scores on knowledge regarding relapse prevention.

Section-D: Hypotheses testing

a) Effectiveness of structured teaching program on expressed emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

b) Correlation between the pre test expressed emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

c) Correlation between the post test expressed emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

d) Association between the pre test expressed emotions among caregivers of patients with schizophrenia with their selected demographic variables.

e) Association between the pre test knowledge regarding relapse prevention among caregivers of patients with schizophrenia with their selected demographic variables.

Section -A

Distribution of caregivers of patients with schizophrenia according to their demographic variables.

Table 4-1:

Frequency and percentage distribution of caregivers according to their personal variables.

n=30

S.No	Personal variables	Group	
		f	**%**
1	Age in years		
	a) <18	-	-
	b) 18-30	1	3.33
	c) >30	29	96.67
2.	Sex		
	a) Male	22	73.33
	b) Female	8	26.67
3	Marital status		
	a) Married	29	96.67
	b) Unmarried	1	3.33
	c) Divorced, separated	-	-
	d) Widower	-	-
4	Education		
	a) Illiterate	-	-
	b) Primary	5	16.67
	c) Secondary	14	46.66
	d) Graduate	8	26.67
	e) Post Graduate	3	10
5	Occupation		
	a) Private	19	63.34
	b) Government	4	13.33
	c) Business	7	23.33
6.	Religion		
	a) Hindu	29	96.67
	b) Muslim	1	3.33
	c) Christian	-	-
	d) others	-	-
7.	Residence		
	a) Urban	13	43.3
	b) Rural	17	56.7

Table 4.1 shows that, the majority of caregivers of patients with schizophrenia i.e. 29(96.67%) belongs to >30 years of age group, 1(3.33%) caregivers belongs to 18-30 years of age and none of the caregivers belong to <18 years.

Majority of the caregivers i.e. 22(73.33%) are males and the remaining 8(26.67%) are females. Majority of the caregivers that is 29(96.67%) are married and the remaining 1(3.33%) is unmarried and none of the caregivers divorced/ separated or widower. Most of the caregivers 14 (46.66%) are secondary educated, 8(26.67%) are graduated, 5(16.67%) are primary educated and 3(10%) are post graduate and none of the caregivers are illiterates.

Among 30 caregivers, 19(63.34%) are employed in private and 7 (23.33%) caregivers are doing business, 4(13.33%) caregivers are employed in government. Most of the caregivers that is 29(96.67%) are from Hindu religion, 1(3.33%) caregiver is from Muslim religion and none of the caregivers belongs to Christianity or any other type of religion. In the total caregivers, 17 (56.7%) samples residing is rural area and 13(43.3%) caregivers residing is urban area.

Table 4.2:

Frequency and percentage distribution of caregivers according to their family related variables. .

n=30

S.No	Family related variables	Group	
		f	**%**
1.	Monthly income of the family in rupees		
	a) Below 5000	12	40
	b) 5001-10000	9	30
	c) 10001-15000	4	13.33
	d) 15001 and above	5	16.67
2.	Relationship to the client		
	a) Daughter / son	11	36.67
	b) Parent/ sibling	5	16 .67
	c) Grandparent	1	3.33
	d) spouse	13	43.33
3.	Duration of the patient illness		
	a) <6 months	4	13.33
	b) 6-12 months	2	6.67
	c) 1-3 years	12	40
	d) >3 years	12	40
4.	Duration of stay with the patient		
	a) <one year	2	6.67
	b) 1-3 years	1	3.33
	c) 3-5 years	1	3.33
	d) >5 years	26	86.67
5.	Type of family		
	a) Nuclear family	25	83.33
	b) b) Joint family	5	16.67

The table describes that, 12 (40%) caregivers have their family monthly income of below Rs.5000, 9(30%) samples have their family monthly income between Rs 5001-10000, 5 (16.67%) caregivers have their family monthly income above Rs 15000 and 4(13.33%) study subjects have their family monthly income between 10001-15000.

In total caregivers, 13(43.33%) caregivers are spouse, 11(36.67%) caregivers are daughter / son, 5(16.67%) samples are parents / sibling and 1(3.33%) caregiver is grandparent.

Among the total caregivers 12(40%) patients have duration of illness above 3 years, 12(40%) patients have duration of illness between 1-3 years, 4(13.33%) patients have duration of illness below 6 months and 2(6.67%) patients have duration of illness between 6-12 months.

In total caregivers majority of the samples that is 26(86.67%) caregivers duration of stay with the patient is above 5 years, 2(6.67%) caregivers duration of stay with the patient is below 1 year, 1(3.33%) caregiver's duration of stay with the patient is between 1-3 years and 1(3.33%) caregivers duration of stay with the patient is between 3-5 years. Among the total caregivers 25 (83.33%) caregivers are belongs to nuclear family and 5(16.67%) caregivers are from joint family.

Section- B

(a) Distribution of caregivers of patients with schizophrenia according to the pre test score on expressed emotions.

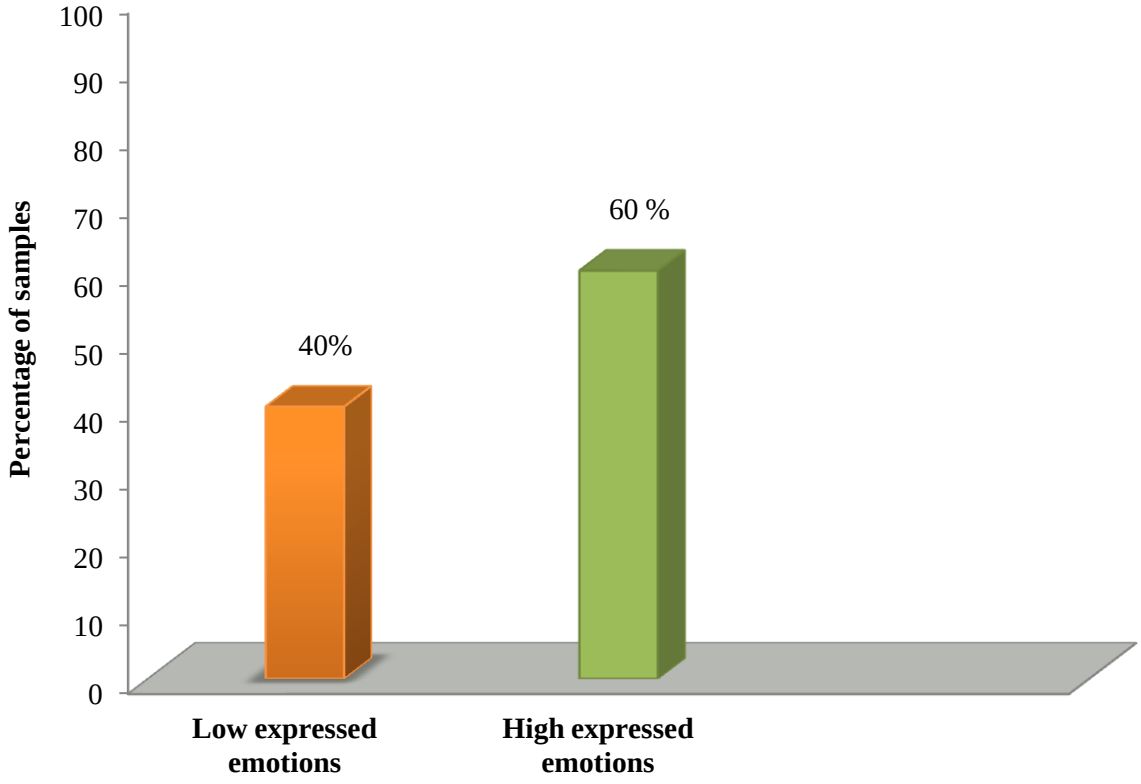


Fig 4.1: Percentage Distribution of caregivers according to their pre test score on expressed emotions

The above figure 4.1 shows that during pre test 18 (60%) caregivers have high Expressed Emotions and 12 (40%) caregivers have low Expressed Emotions.

(b) Distribution of caregivers of patients with schizophrenia according to the pre test score on knowledge regarding relapse prevention

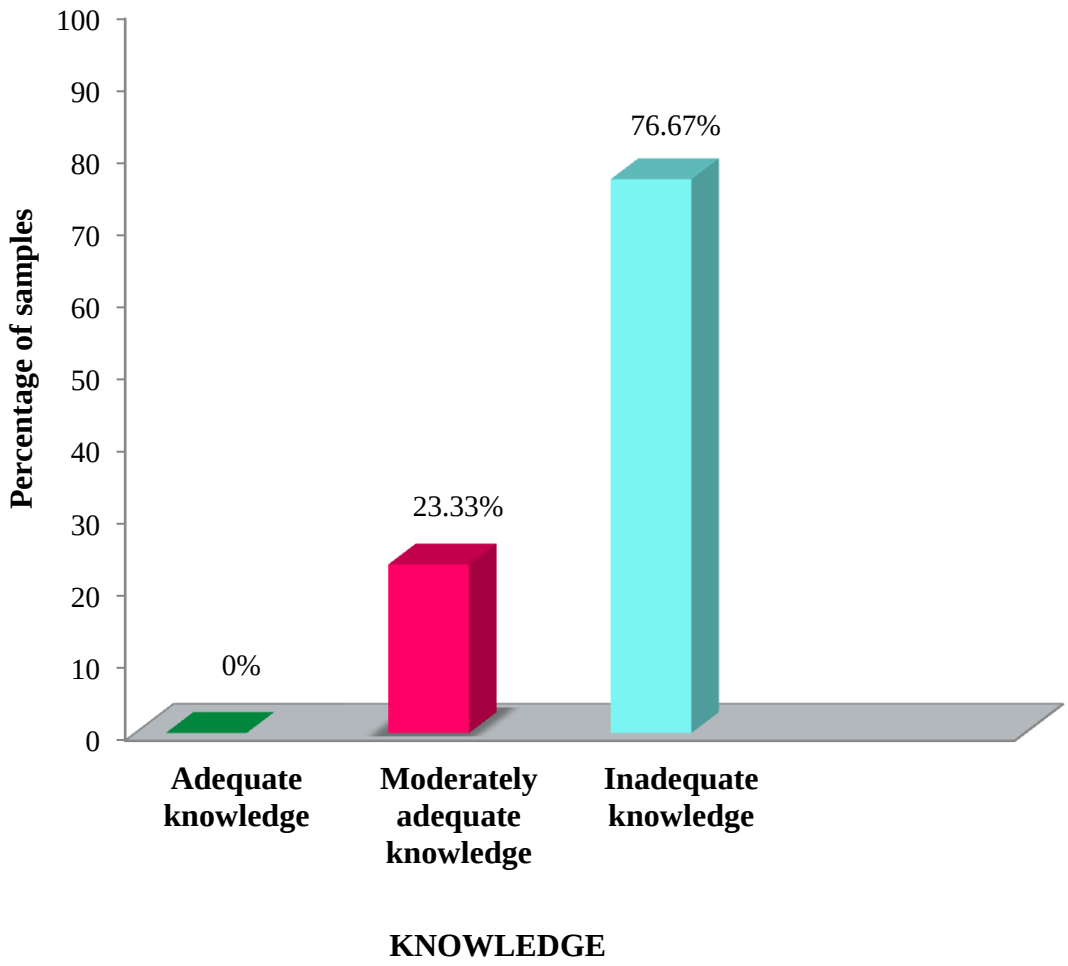


Fig 4.2: Percentage Distribution of caregivers of patients with schizophrenia according to their pre test score on knowledge regarding relapse prevention

The above figure 4.2 shows that during pre test 23 (76.67%) caregivers have inadequate knowledge and 7(23.33%) caregivers have moderately adequate knowledge and none of the samples have adequate knowledge regarding relapse prevention on schizophrenia.

Section -C

(a) Distribution of caregivers of patients with schizophrenia according to the post test score on expressed emotions

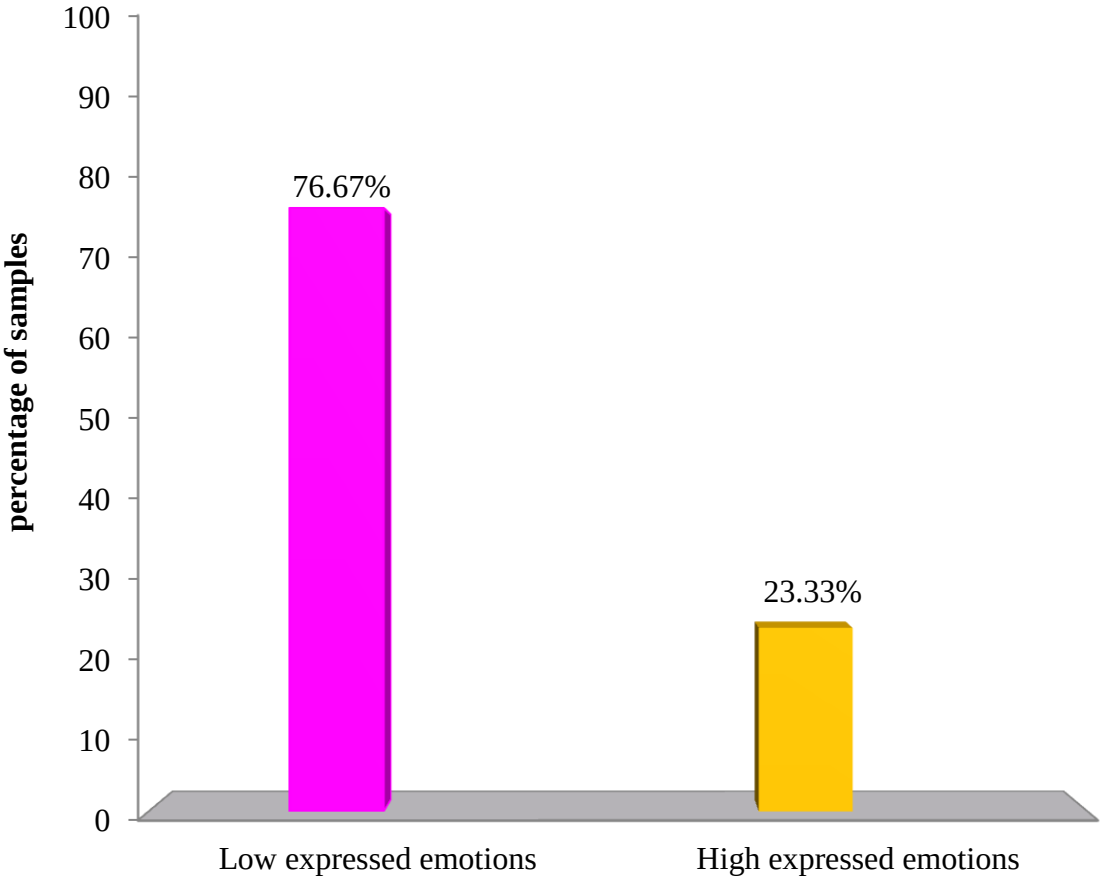


Fig 4.3: Percentage Distribution of caregivers of patients with schizophrenia according to their post test score of expressed emotions

The above figure 4.3 shows that in post test 23 (76.67%) caregivers have low Expressed Emotions and 7 (23.33%) caregivers have high Expressed Emotions.

(b) Distribution of caregivers of patients with schizophrenia according to the post test score on knowledge regarding relapse prevention.

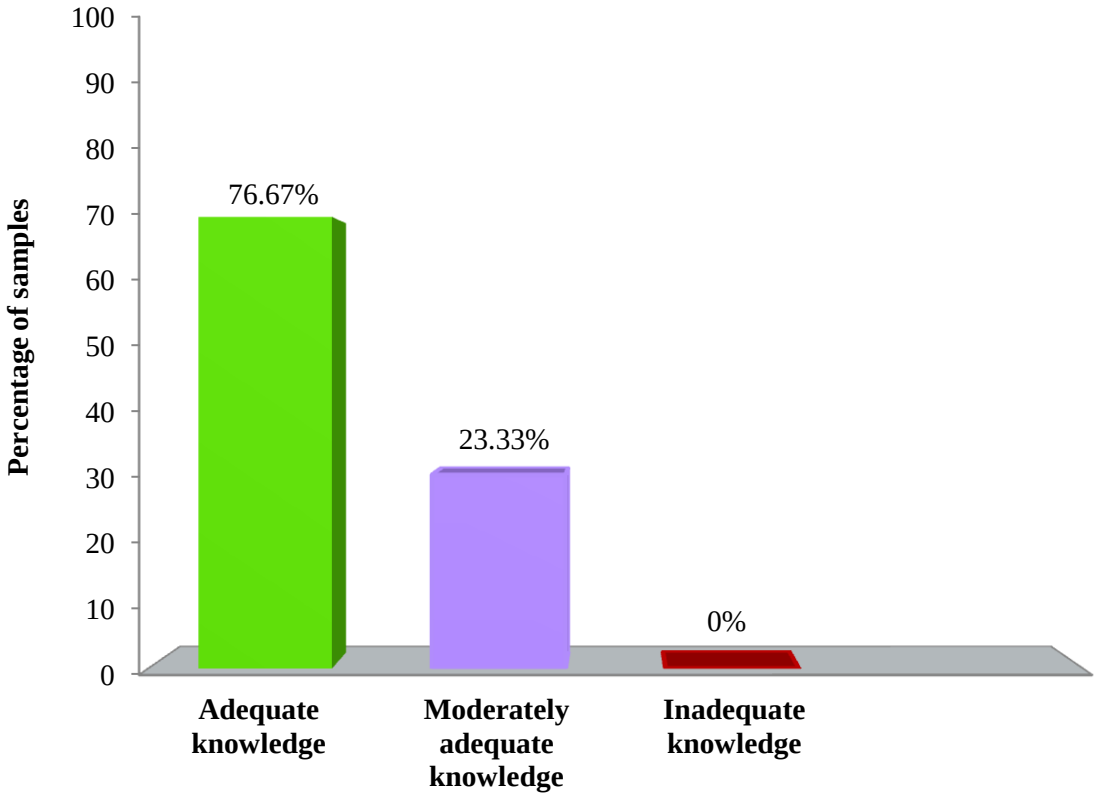


Fig 4.4: Percentage Distribution of caregivers of patients with schizophrenia according to their post test score on knowledge regarding relapse prevention.

The above figure 4.4 shows that during post test 23 (76.67%) caregivers have adequate knowledge and 7 (23.33%) caregivers have moderately adequate knowledge and none of the samples have inadequate knowledge regarding relapse prevention on schizophrenia.

(c) Comparison between the percentage of pre test and post test scores on Expressed Emotions among caregivers of patients with schizophrenia.

Table-4.3:

Frequency and percentage distribution of caregivers of patients with schizophrenia according to their Expressed Emotions before and after intervention.

n = 30

Level of Expressed Emotions	Pre test		Post test	
	f	%	f	%
Low Expressed Emotions	12	40	23	76.67
High Expressed Emotions	18	60	7	23.33

The above table shows that 12(40%) caregivers have low Expressed Emotions in the Pre test and 18 (60%) caregivers have high Expressed Emotions, where as in the post test 23 (76.67%) caregivers have low Expressed Emotions and 7(23.33%) caregivers have high Expressed Emotions.

(d) Comparison between the percentage of pre test and post test scores on knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

Table -4.4:

Frequency and percentage distribution of caregivers of patients with schizophrenia according to their knowledge before and after intervention.

n=30

Level of knowledge	Pre test		Post test	
	f	%	f	%
Adequate knowledge	-	-	23	76.67
Moderately adequate knowledge	7	23.33	7	23.33
Inadequate knowledge	23	76.67	-	-

The above table shows that during pre test, 7(23.33%) have moderately adequate knowledge and 23(76.67%) have inadequate knowledge and none of the samples have adequate knowledge regarding relapse prevention.

During post test, 23(76.67%) have adequate knowledge and 7(23.33%) have moderately adequate knowledge and none of the samples have inadequate knowledge regarding relapse prevention.

(e) Comparison of Mean, SD, Mean percentage and Differences in Mean percentage according to their pre test and post test scores on Expressed Emotions among caregivers of patients with schizophrenia

Table -4.5:

Mean, SD, Mean percentage and Differences in mean percentage scores on Expressed Emotions among caregivers of patients with schizophrenia before and after intervention.

n=30

Expressed Emotions	Maximum score	Mean	SD	Mean %	Difference in mean %
Pre test	60	23.43	11.20	39.05	15.77
Post test		14.33	8.20	23.88	

The above table shows that, in pre test the mean score of Expressed Emotions is 23.43 ±11.20 and mean percentage is 39.05%, where as in post test the mean score is 14.33±8.20 and mean percentage is 23.88%. The differences in mean percentage of pre test and post test scores on Expressed Emotions is 15.77%, which highlights that there is a reduction of Expressed Emotions among the caregivers after structured teaching programme.

(f) Comparison of Mean, SD, Mean percentage and Differences in Mean percentage according to their pre test and post test scores on knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

Table -4.6:

Mean, SD, Mean percentage and Differences in mean percentage scores on knowledge regarding relapse prevention among caregivers of patients with schizophrenia before and after intervention.

n=30

Knowledge	Maximum score	Mean	SD	Mean %	Difference in mean %
Pre test	25	11.23	2.13	44.92	30.96
Post test		18.97	1.94	75.88	

The above table shows that, pre test mean score of knowledge is 11.23±2.13 and the mean percentage is 44.92%, where as in post test mean score is 18.97 ±1.94 and the mean percentage is 75.88%. The difference in mean percentage of pre test and post test knowledge score is 30.96%. This highlights that there is an improvement in the knowledge regarding relapse prevention.

(g) Area wise comparison between the pre test and post test scores on knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

Table- 4.7:

Area wise Mean, SD, Mean percentage and Differences in Mean percentage among caregivers of patients with schizophrenia according to the pre test and post test scores on knowledge regarding relapse prevention.

n=30

S.No	Area wise knowledge	Max. Score	Pre test			Post test			Difference in mean%
			Mean	SD	Mean %	Mean	SD	Mean	
1	Schizophrenia	1	0.33	0.47	33	1	0	100	67
2	Relapse	8	3.8	1.02	47.5	6.4	0.79	80	32.5
3	Expressed emotions	11	5.23	1.44	47.55	8.13	1.04	73.91	26.36
4	Management for relapse and expressed emotions	5	1.8	1.08	36	3.43	0.82	68.6	32.6

The above table shows that, in schizophrenia component the pre test mean score is 0.33 ±0.47 and mean percentage is 33. Where as in the post test the mean score is 1±0 and the mean percentage is 100 with the differences in mean percentage is 67.

In relapse components the pre test mean score is 3.8 ±1.02 and mean percentage is 47.5. Where as in the post test the mean score is 6.4±0.79 and the mean percentage is 80 with the differences in mean percentage is 32.5.

In Expressed Emotions component the pre test mean score is 5.23±1.44 and mean percentage is 47.55. Where as in the post test the mean score is 8.13±1.04 and the mean percentage is 73.91with the differences in mean percentage is 26.36.

In management for relapse and Expressed Emotions components the pre test mean score is 1.8±1.08 and mean percentage is 36. Where as in the post test the mean score is 3.43±0.82 and the mean percentage is 68.6 with the differences in mean percentage is 32.6.

Section-D

Hypothesis Testing

(a) Effectiveness of structured teaching program on Expressed Emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

Table -4.8:

Mean, Standard deviation, Paired 't' test value among caregivers of patients with schizophrenia according to their pre test and post test scores on Expressed Emotions and knowledge regarding relapse prevention.

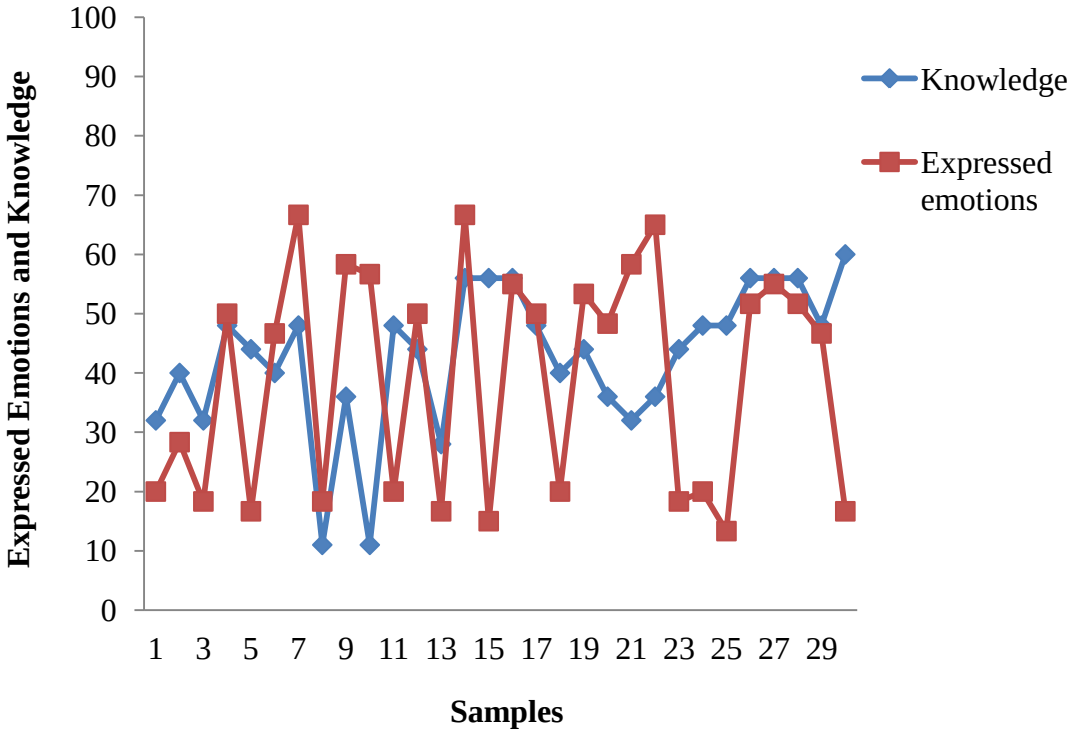
n=30

Knowledge	Mean	SD	't' test value	df
Pre test	11.23	2.13	31.13*	29
Post test	18.97	1.94		

***Significant at p≤0.05level: Table value=2.05**

The above table reveals that the mean score during pre test on knowledge is 11.23±2.13 and the mean score during post test is 18.97 ±1.94. The obtained't' test value is 31.13 significantly higher than the table value that is 2.05 at p≤0.05level. Hence the stated hypothesis H_1 is retained. Thus it becomes evident that the structured teaching programme is effective in improving the knowledge.

(b) Correlation between the pre test expressed emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

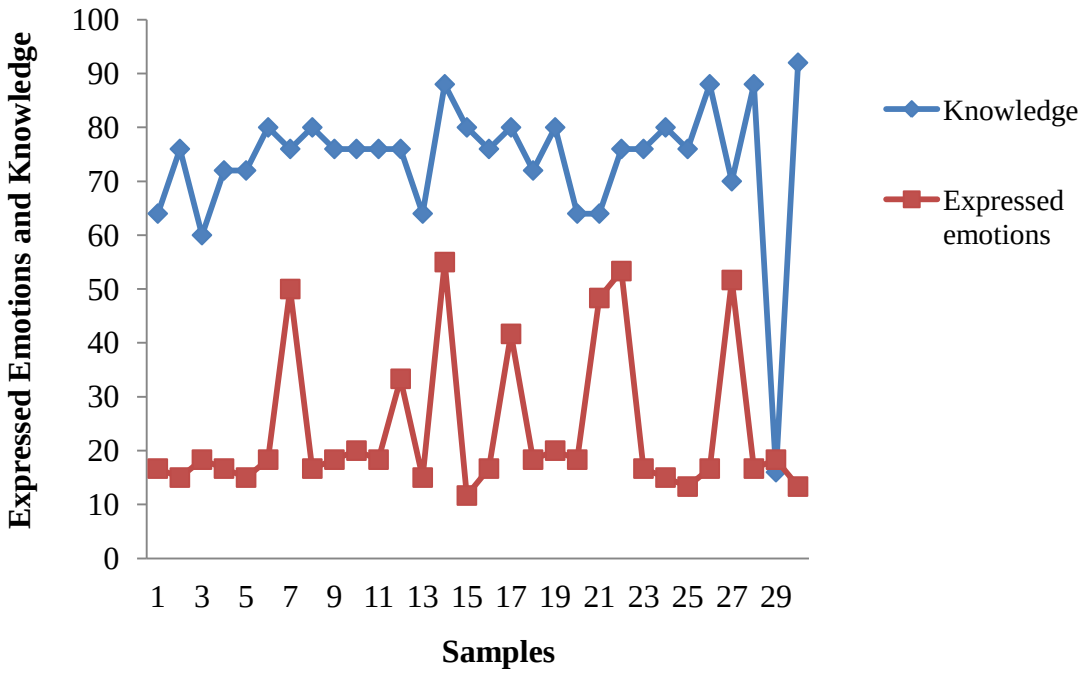


Expressed emotions and knowledge regarding relapse prevention

Fig 4.5: correlation between the pre test Expressed Emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

The above diagram shows that the obtained 'r' value is 0.15 and it reveals that there is a positive correlation between the pre test score on Expressed Emotions and knowledge regarding relapse prevention. When knowledge is decreased the Expressed Emotions is increased. Hence the stated H_2 is retained at $p \leq 0.05$ level.

(c) Correlation between the post test Expressed Emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.



Expressed emotions and knowledge regarding relapse prevention

Fig 4.6: correlation between the post test Expressed Emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

The above diagram shows that the obtained 'r' value is 0.12 and it reveals that there is a positive correlation between the post test score on Expressed Emotions and knowledge regarding relapse prevention. When knowledge is increased the Expressed Emotions is decreased. Hence the stated H_2 is retained at $p \leq 0.05$ level.

(d) Association between the pre test Expressed Emotions among caregivers of patients with schizophrenia and their selected demographic variables.

Table -4.9:

Chi square test on Expressed Emotions among caregivers and their demographic variables.

n=30

S.No	Demographic variables	df	X^2	Table value
1.	Age in years	1	0.69	3.84
2.	Sex	1	0.02	3.84
3	Marital status	1	0.69	3.84
4.	Education	3	7.6	7.82
5.	Occupation	2	1	5.99
6.	Monthly income of the family in rupees	3	2.44	7.82
7.	Relationship to the client	3	8.4*	7.82
8	Duration of the patient illness	3	2.22	7.82
9	Duration of stay with the patient	3	6.92	7.82
10	Type of family	1	1	3.84
11.	Religion	1	0.69	3.84
12	Residence	1	0.35	3.84

***Significant at $p \leq 0.05$ level**

The above table shows that there is significant association found between the Expressed Emotions and the caregivers relationship to the client at $p \leq 0.05$ level. Hence the stated H_3 is retained only to the above said variable.

(e) Association between the pre test knowledge regarding relapse prevention among caregivers of patients with schizophrenia and their selected demographic variables.

Table -4.10:

Chi square test on knowledge among caregivers and their demographic variables.

n=30

S.No	Demographic variables	df	X^2	Table value
1.	Age in years	1	0.15	3.84
2.	Sex	1	0.02	3.84
3.	Marital status	1	0.15	3.84
4	Education	3	1.78	7.82
5	Occupation	2	0.27	5.99
6	Monthly income of the family in rupees	3	2.12	7.82
7.	Relationship to the client	3	13.18*	11.34
8	Duration of the patient illness	3	1.17	7.82
9	Duration of stay with the patient	3	2.67	7.82
10	Type of family	1	3.66	3.84
11	Religion	1	0.18	3.84
12	Residence	1	0.62	3.84

***Significant at p ≤ 0.01 level**

The above table shows that there is significant association found between the knowledge and the caregivers relationship to the client at p≤0.01 level. Hence the stated H_3 is retained only to the above said variable.

Summary:

This chapter dealt with the data analysis and interpretation in the form of statistical values based on the objectives. Frequency and percentage analysis were used to assess the Expressed Emotions and knowledge among caregivers with their demographic variables. The paired ‘t’ test was used to evaluate the effectiveness of structured teaching programme in improving the level of knowledge regarding relapse prevention and reducing the Expressed Emotions among caregivers of patients with schizophrenia. The chi-square test was used to find out the association between the expressed emotions, knowledge regarding relapse prevention among caregivers with their demographic variables. The result shows that the structured teaching programme was effective in improving the knowledge and reducing the expressed emotions among caregivers of patients with schizophrenia.

CHAPTER – V

DISCUSSION

This Study was done to evaluate the effectiveness of structured teaching programme on Expressed Emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia in a selected hospital, Salem.

Frequency and percentage distribution of caregivers according to their demographic variables.

In this study 29(96.67%) caregivers belongs to the age group of >30 years, 22(73.33%) caregivers were males, 29(96.67%) caregivers were married, 14(46.66%) caregivers have secondary school education, 19(63.33%) caregivers were employed in private, 12(40%) caregivers family monthly income was below Rs.5000, 13(43.33%) caregivers were spouse, 12(40%) patients had duration of illness above 3 years, 26(86.67%) caregivers duration of stay with the patient was above 5 years, 25(83.33%) caregivers were belongs to nuclear family, 29(96.67%) caregivers were from Hindu religion and17(56.7%) caregivers residence was rural.

The present study was supported by **Sujit Kumar Naikm, et .al,(2012)** done a study on help seeking behaviors among caregivers of schizophrenic patients. It is a Hospital based Study. The study setting was Vidyasagar Institute of Mental Health and Neurosciences (VIMHANS), New Delhi) in India. The total number of 25 patients who fulfilled the DSM-IV TR (Text Revision) diagnosis of schizophrenia disorders with their relatives was selected. The study result revealed that 46.4±11.5 caregivers were belong to the age group of >30 years, 17(68%) caregivers were males, 10(40%) caregivers were graduates and above, 22(88%) caregivers were married, 15(60%) caregiver's residence was urban, 20(80%) caregivers were from

middle class socio economic status, 21(84%) caregivers were from Hindu religion and 8(32%) caregivers were mothers to the clients.

1. Assess the Expressed Emotions among caregivers of patients with schizophrenia.

During pre test, 18(60%) caregivers had high Expressed Emotions and 12(40%) caregivers had low Expressed Emotions. Where as in the post test 23 (76.67%) caregivers had low Expressed Emotions and 7(23.33%) caregivers had high Expressed Emotions.

The present study is supported by **Kuiperse, (2006)** done a study in London on influence of caregivers expressed emotion and effect on relapse in schizophrenia. The total numbers of patients were 86 selected from in and out patients department with their caregivers. The study samples were selected with cross sectional design in four National Health Service (NHS) trusts in London and East Anglia in the UK. The study samples were assessed with the help of Level of Expressed Emotions Scale, Experience of Care giving Inventory scale. The findings of the study shows that 66% caregivers had high Expressed Emotions and 34% caregivers had low Expressed Emotions. This study concluded that Family interventions should focus on improving the relapse symptoms of schizophrenia.

2. Assess the knowledge regarding relapse prevention among caregivers of patient with schizophrenia.

During pre test 23(76.67%) caregivers had inadequate knowledge and 7(23.33%) caregivers had moderately adequate knowledge and none of the samples had adequate knowledge during pre test. Where as in the post test, 23(76.67%) had adequate knowledge and 7(23.33%) had moderately adequate knowledge and none of the samples had inadequate knowledge regarding relapse prevention.

The present study is supported by **Richard (2006)** done a study on adherence therapy for caregivers of people with schizophrenia in Tanzania. Health education was provided to the schizophrenia caregivers for 52 weeks. The result showed that before the health education 62.23% had inadequate knowledge and 37.77% had moderately adequate knowledge. The researcher concluded that improvement of mental health services with much emphasis on community home visits, therapeutic relationship, and psycho education is necessary.

3. Evaluate the effectiveness of structured teaching programme on expressed emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

The mean score during pre test on knowledge was 11.23±2.13 and the mean score during post test was 18.97 ±1.94. The obtained 't' test value was 31.13 significantly higher than the table value that was 2.05 at $p \leq 0.05$level. Hence the stated hypothesis H_1 was retained. This showed that the structured teaching programme was effective in improving the knowledge among caregivers of patients with schizophrenia.

The present study is supported by **Sota S, et,al., (2008)** conducted a study on effect of a family psycho educational program on relatives of schizophrenia patients in Japan. Family psycho educational programs have been shown to be effective in terms of knowledge acquirement and relapse prevention. A total of 72 patients and relatives of schizophrenia received family psycho education programme between 1995 to 2003. The result showed that before the programme the mean score was 2±1.3 and after the psycho education programme the mean score was 2.2±0.6, obtained 't' value was 84.54 $p<0.001$ level. The researcher concluded that the effects

of family psycho education may depend not on the number of members or sessions but on the time spent on the program per member

4. Correlate the expressed emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia.

During pre test mean and standard score of knowledge and expressed emotions was 11.23±2.13 and 23.43±11.20 respectively, 'r' value was 0.15.The post test mean and standard score of knowledge and Expressed Emotions was 18.97±1.94 and 14.33±8.20 respectively, 'r' value was 0.12. This reveals that there was positive correlation between the pre test and the post test scores of knowledge and expressed emotions among caregivers of patients with schizophrenia. Hence the formulated hypothesis H_2 was retained at $P \leq 0.05$ level.

The present study is supported by **Zheng L.I, et.al, (2010)** done a study on Family education for caregivers with schizophrenia patients in Beijing and China. The total number of sample was 101 patients with schizophrenia and their families. The intervention group received family education, and data on their knowledge about schizophrenia, symptoms, and functioning, psychosocial behaviour, relapse were collected and compared with the control group. The study showed that a significant and moderate positive correlation between Expressed Emotions and knowledge ($r=+0.332$, $p \leq 0.05$ level).The result showed that there was a significant improvement in Expressed Emotions and knowledge in the experimental group after the family education.

5. Association between the pre test expressed emotions among caregivers of patients with schizophrenia and their selected demographic variables.

The present study result revealed that there was a significant association found between the pre test expressed emotions among caregivers of patients with

schizophrenia and with their selected demographic variables such as relationship to the client. Hence H_3 was retained at $p \leq 0.05$ level.

The present study is contradicted by **Giuseppe C, et.al, (2012)** conducted a study on the association between the expressed emotions, illness severity and burden of care in relatives of patients with schizophrenia in Italy. The samples were selected as randomized controlled trial. The study was conducted for 2 years. None of the socio-demographic characteristics of relatives was statistically associated with Expressed Emotions at $p \leq 0.05$ level.

6. Association between the pre test knowledge regarding relapse prevention with the selected demographic variables.

The present study finding revealed that there was significant association found between the pre test score on knowledge among caregivers of patients with schizophrenia and with their selected demographic variables such as relationship to the client. Hence H_3 was retained at $p \leq 0.05$ level.

The present study was contradicted by **Ciudad A, et.al, (2012)** conducted a study on relapse and therapeutic interventions for one year period among schizophrenia caregivers in Spain. Total number of samples was 597 outpatients who came along with their caregivers. The study result showed that there was no a significant association found between caregivers relationship to the client at $p \leq 0.05$ level.

Summary:

This chapter dealt with the discussion of the study with reference to the objectives and supportive studies. All the four objectives have been obtained and the research hypothesis H_1, H_2 is retained whereas H_3 is retained only for caregivers' relationship to the client.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATIONS

In this chapter Summary, Conclusion, Implications and the recommendations for further research are presented.

Summary:

This study was carried out to evaluate the effectiveness of structured teaching programme on expressed emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia. In this study modified pre experimental design was used. The study was conducted from 29.7.2013 to 2.08.2013 at Sri Gokulam Hospital, Salem. A total of 30 caregivers were selected through non probability purposive sampling technique. The Demographic variables, knowledge regarding relapse prevention was assessed using structured self reporting questionnaire and Expressed Emotions was assessed by using standardized LEE scale. The demographic data was tabulated by using frequency and percentage. The 't' test was used to evaluate the effectiveness of structured teaching programme on expressed emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia. The relationship between expressed emotions and knowledge was analyzed by using inferential statistics (co-relation coefficient test).The chi- square analysis was used to associate the expressed emotions, knowledge regarding relapse prevention among caregivers with their selected demographic variables.

The Major Findings of the Study:

1. In pre test, 12(40%) caregivers had low Expressed Emotions and 18 (60%) caregivers had high Expressed Emotions. And in terms of knowledge 7(23.33%) had moderately adequate knowledge, 23(76.67%) had inadequate

knowledge and none of the samples had adequate knowledge regarding relapse prevention

2. In post test, 23 (76.67%) caregivers had low Expressed Emotions and 7 (23.33%) caregivers had high Expressed Emotions. And in terms of knowledge 23(76.67%) had adequate knowledge and 7(23.33%) had moderately adequate knowledge and none of the samples had inadequate knowledge regarding relapse prevention.
3. During the pre test, the mean score on Expressed Emotions was 23.43 ±11.20 and the mean percentage was 39.05%. And in terms of knowledge the mean score was 11.23±2.13 and the mean percentage was 44.92%.
4. During the post test, the mean score on Expressed Emotions was 14.33±8.20 and the mean percentage was 15.77%. And the knowledge the mean score was 18.97 ±1.94 and the mean percentage was 75.88%.
5. The obtained 't' value for knowledge was 31.13, which was significant at $p \leq 0.05$ level. Hence the hypothesis H_1 was retained.
6. During pre test the mean score of Expressed Emotions and knowledge was 23.43±11.20 and 11.23±2.13 respectively 'r' value was 0.15. The post test mean score of Expressed Emotions and knowledge was 14.13±8.20 and 18.97±1.94 respectively, 'r' value was 0.12. Hence the formulated hypothesis H_2 was retained at $P \leq 0.05$ level.
7. There was significant association found between the pre test Expressed Emotions, Knowledge and the caregivers relationship to the client at ($p \leq 0.05$) level. Hence H_3 was retained only to the above said variable.

Conclusion:

The study was conducted to evaluate the effectiveness of structured teaching programme on expressed emotions and knowledge regarding relapse prevention among caregivers of patients with schizophrenia in a selected hospital, Salem. The results of this study revealed that structured teaching programme had significant effect in gaining adequate knowledge regarding relapse prevention and decreasing expressed emotions among caregivers of patients with schizophrenia.

Implications for nursing practice:

There are several important implications for nursing practice.

Nursing service:

1. Staff nurses must be encouraged to actively participate at an in service education and workshop to bring out innovative and creative ideas pertaining to caregivers' education programme on relapse prevention
2. The nurse should involve the caregivers in teaching programme regarding relapse prevention and Expressed Emotions during patient hospitalization itself.
3. Student nurses need to be given opportunity to care and educate the patients caregivers regarding relapse prevention.

Nursing education:

1. The nurse educator should encourage patients to actively participate in educational programmes regarding relapse prevention.
2. Nurse educators should emphasize the concept of Expressed Emotions and relapse prevention and also encourage the student nurses to appreciate the role of the nurse as a educator to the patient and family.

3. The nurse educator should play role in creating awareness among caregivers on relapse prevention and insisting them to follow healthy practices.
4. Nurse educator need to influence nurse researchers to take up various research studies on relapse prevention and Expressed Emotions.
5. In service educational programmes, workshops and continuing education programmes are to be conducted to update the knowledge of the nursing personnel regarding the relapse prevention and Expressed Emotions.

Nursing Administration:

1. The nurse administrator should insist and motivate staff nurses to conduct structured teaching programme on Expressed Emotions and knowledge regarding relapse prevention before discharging the patients and caregivers from the hospital.
2. Nurse administrator need to take necessary steps in formulating policies in providing patients education and also plan made regarding the essential manpower, material and the time to conduct successful and useful caregivers' education programmes.

Nursing Research:

1. The nurse researchers can take this study as a base line to build up future studies.
2. This study brings about the fact that more studies need to be done at different settings such as community or in industries.
3. The study can also facilitate research on other aspects of care in caregivers with Expressed Emotions like burden and coping strategies.
4. The generalization of study the result can be made by further replication of the study.

5. Disseminate the finding through conferences, seminars, publication in journals and world wide web.
6. As per the study a booklet can be developed regarding the relapse prevention for future references and caregivers education.

Recommendations:

A similar study can be conducted

1. With larger sample size.
2. With a control group.
3. By using different teaching strategies.
4. For patients with expressed emotions.
5. To assess knowledge and attitude on expressed emotions among caregivers with schizophrenia.
6. With other psychotic conditions.
7. With true Experimental design.
8. Longitudinally.
9. On Expressed Emotions of the caregivers and also the patients need to be videotaped for further better improvement of the patient's illness and care and to prevent relapse in patients.

Summary:

This chapter dealt with Summary, Conclusion, Implications and recommendations.

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- http://www.biomedcentral.com/10.1186/1471-244X-13-15

ANNEXURE –A

LETTER SEEKING PERMISSION TO CONDUCT A RESEARCH STUDY

From

Ms. Sahaya Vivitha A,

Final Year M.Sc (N).,

Sri Gokulam College of Nursing,

Salem, Tamil Nadu.

To

The Principal,

Sri Gokulam College of Nursing,

Salem, Tamil Nadu.

Respected Sir/Madam,

Sub: Permission to conduct research project - request- reg.

I, **Ms. Sahaya Vivitha A,** Final Year M.Sc., (Nursing) student of Sri Gokulam College of Nursing, is to conduct a research project which is to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai in partial fulfillment for the award of M.Sc.(Nursing) Degree.

Topic: "A Study to Evaluate the Effectiveness of Structured Teaching Programme on Expressed Emotions and Knowledge regarding Relapse Prevention among Caregivers of Patients with Schizophrenia in a Selected Hospital, Salem.

I request you to give permission to conduct the research study at Sri Gokulam Hospital and Sri Gokulam Specialty hospital, Salem.

Thanking you

Date: Yours sincerely,

Place: Salem

(Ms. Sahaya Vivitha A)

ANNEXURE- B

LETTER GRANTING PERMISSION TO CONDUCT RESEARCH STUDY

SRI GOKULAM COLLEGE OF NURSING
3/836, Periyakalam, Neikkarapatti, Salem - 636 010.
Phone : 0427 - 6544550 2272240 2272250 Fax : 0427 - 2270200 2447077
Email : sgcon2001@yahoo.com, sgcon2001@gmail.com

Date : .....

LETTER REQUESTING PERMISSION TO CONDUCT THE RESEARCH STUDY

To
The Managing Director,
Sri Gokulam Hospital,
Salem.
Respected Sir,

Sub: Permission to conduct Research Project – request –reg.

Please be informed that the students of our college are to conduct a Research project, which is to be submitted to The Tamil Nadu Dr. M.G.R Medical University, Chennai, as partial fulfilment of University requirement for the award of M.Sc (Nursing) Degree. The names of the students, the area of study and their statements are as follows:

Sl no:	Name of the student	Department	Area of the study	Topic
1.	Ms.Anfy Maria .A.T	Medical and Surgical Nursing	Ward	A study to assess the effectiveness of video assisted teaching programme on knowledge and attitude regarding cardiac rehabilitation among patients with acute myocardial infarction, at selected hospitals, salem.
2.	Ms.Geena George	Medical and Surgical Nursing	Ortho Out Patient Department physiotherapy department	A study to evaluate the effectiveness of isometric exercise on pain among patient with osteoarthritis at selected hospitals, salem.
3.	Ms.Ligi Rachel Daniel	Medical and Surgical Nursing	ICU	"A Study to Evaluate the Effectiveness of Ventilator Bundle On Ventilator Associated Pnemonia among Mechanically Ventilated Patients At Selected Hospitals,Salem."
4.	Ms.Linsa Baby	Medical and Surgical Nursing.	Ward and ICU	"A Study to Evaluate the Effectiveness of Auditory Stimulation on Motor and Verbal Responses among Patients admitted in Intensive Care Unit with Traumatic Brain Injury at Selected Hospitals, Salem"
5.	Ms.Philsy Philip	Medical and Surgical Nursing	ICU	"A Comparative Study to Evaluate the Effectiveness of Stockings Versus Range of Motion Exercises on Deep Vein Thrombosis Among ICU Patients at Selected Hospitals,Salem".
6.	Ms.Ninu Paulose	Paediatric Nursing	Paediatric Ward and Paediatric Out Patient Department.	"A study to assess the Effectiveness of Play Therapy on Level of Anxiety among Children (1-5 years of age) undergoing Nebulization at selected hospitals, Salem."

SRI GOKULAM COLLEGE OF NURSING

3/836, Periyakalam, Neikkarapatti, Salem - 636 010.

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Email : sgcon2001@yahoo.com. sgcon2001@gmail com

Date : .....

7.	Ms.B.Manjula	Obstetrics and Gynaecological Nursing.	ICU and Ward	"A Study to Evaluate the Effectiveness of Hand and Foot Massage on Pain among Post Caesarean Mothers at Selected Hospitals, Salem."
8.	Ms.A.Sahaya Vivitha	Mental Health Nursing	Ward and Psychiatric Out Patient Department.	A Study to Evaluate the Effectiveness of Structured Teaching Programme on Expressed Emotions and Knowledge regarding Relapse Prevention among Caregivers of Patients with Schizophrenia in a Selected Hospital, Salem

I request you to kindly permit them to conduct the above mentioned Research Project in our Hospital from 29-07-13 to 27-08-13 .they will adhere to the policies and regulations of the Hospital.

Thanking You,

Date :17-07-13
Place : Salem

Yours Sincerely,

(Dr.K.Tamizharasi)

18/7/13

SRI GOKULAM COLLEGE OF NURSING
3/836, Periyakalam, Neikkarapatti, Salem - 636 010.
Phone : 0427 - 6544550,2272240,2272250 Fax : 0427 - 2270200, 2447077
Email : sgcon2001@yahoo.com, sgcon2001@gmail.com

Date : 10.07.2013

LETTER REQUISTING PERMISSION TO CONDUCT PILOT STUDY

To

The Managing Director,

Vinayaka Mission Kirupanandha Variyar Hospital,

Salem.

Respected Sir/Madam,

Sub: Permission to conduct research project-request-reg.

This is to introduce **Ms.A.Sahaya Vivitha,** Final Year M.Sc., [Nursing] student of Sri Gokulam College of Nursing. She is to conduct a research project which is to be submitted to The Tamil Nadu Dr.M.G.R.Medical University, Chennai, as partial fulfilment of University requirement for the award of M.Sc., [Nursing] Degree.

Topic: "A Study to Evaluate the Effectiveness of Structured Teaching Programme on Expressed Emotions and Knowledge Regarding Relapse Prevention among Caregivers of Patients with Schizophrenia in a Selected

I request you to kindly permit her to conduct the pilot study in your esteemed Institution. She will adhere to the policies and regulations of the Institution.

Thanking you.

Date: 10.07.2013

Place: Salem.

Yours Sincerely,

11/7/2013

(Dr.K.Tamizharasi)
PRINCIPAL
Sri Gokulam College of Nursing
SALEM – 636 010.

ANNEXURE –C

LETTER REQUESTING OPINION AND SUGGESTIONS OF EXPERTS FOR CONTENT VALIDITY OF THE RESEARCH TOOL

From,

Ms.Sahaya Vivitha.A,
Final Year M.Sc., (N)
Sri Gokulam College of Nursing,
Salem, Tamil Nadu.

To,

(Through proper channel)

Respected Sir/ Madam,

Sub: Requesting opinion and suggestions of experts for establishing content validity of the tool.

I **MS.Sahaya Vivitha.A,** II Year M.Sc., (Nursing) student of Sri Gokulam College of Nursing, Salem, have selected the below mentioned Statement of the Problem for the research study to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai as partial fulfillment for the award of Master of science in Nursing.

Topic: "A Study to Evaluate the Effectiveness of Structured Teaching Programme on Expressed Emotions and Knowledge Regarding Relapse Prevention among Caregivers of Patients with Schizophrenia in a Selected Hospital, Salem".

I request you to kindly validate the tool developed for the study and give your expert opinion and suggestion for necessary modifications.

Thanking you,

Yours sincerely,

Place : Salem

Date : **(M.Sahaya Vivitha.A)**

Enclosed:

1. Certificate of validation
2. Criteria checklist of evaluation of tool
3. Tool for collection of data
4. Content of knowledge regarding relapse prevention.

ANNEXURE-D

TOOL FOR DATA COLLECTION

SECTION – A: DEMOGRAPHIC DATA

Instruction:

Dear participants this section requires some of the personal information and you are requested to place a tick (√) mark to the appropriate option. The data given by you will be kept confidential.

Sample no:

Date:

1. Age in years

   a) <18 ( )

   b) 18-30 ( )

   c) >30 ( )

2. Sex

   a) Male ( )

   b) Female ( )

3. Marital status

   a) Married ( )

   b) Unmarried ( )

   c) Divorced, single ( )

   d) Widower ( )

4. Education

a) Illiterate ( )

b) Primary ( )

c) Secondary ( )

d) Graduate ( )

e) Post Graduate ( )

5. Occupation

a) Private ( )

b) Government ( )

c) Business ( )

6. Monthly income of the family in rupees

a) Below 5000 ( )

b) 5001-10000 ( )

c) 10001-15000 ( )

d) 15000 and above ( )

7. Relationship to the client

a) Daughter / son ( )

b) Parent/ sibling ( )

c) Grandparent ( )

d) spouse ( )

8. Duration of the patient,s illness

a) <6 months ( )

b) 6-12 months ( )

c) 1-3 years ( )

d) >3 years ( )

9. Duration of stay with the patient

a) <one year ( )

b) 1-3 years ( )

c) 3-5 years ( )

d) >5 years ( )

10. Type of family

a) Nuclear family ( )

b) Joint family ( )

11. Religion

a) Hindu ( )

b) Muslim ( )

c) Christian ( )

d) others ( )

12. Residence

a) Urban ( )

b) Rural ( )

SECTION –B:

STRUCTURED SELF REPORTING QUESTIONNAIRE TO ASSESS THE [LEE] LEVEL OF EXPRESSED EMOTION -RELATIVE VERSION

Instructions:

The following are a number of statements that describe the way in which someone may act towards you. Please identify the person who has been most influential in your life during the past three months. Examples of influential persons could be: mother, father, brother, sister, husband, wife, relative (e.g., aunt, grandfather) and friend. Then, read each statement and indicate whether this person has acted in these ways towards you over the past three months.

Mark your answers on the Answer Sheet provided. Simply tick [√] the (T) box if you feel that the item is TRUE. Tick the (F) box if you feel the item is FALSE.

S. No	Items	True	False
1.	Understands if sometimes I don't want to talk.		
2.	Calms me down when I'm upset.		
3.	Says I lack self-control.		
4.	Is tolerant with me even when I'm not meeting his/her expectations.		
5.	Doesn't butt into my conversations.		
6.	Doesn't make me nervous.		
7.	Says I just want attention when I say I'm not well.		
8.	Makes me feel guilty for not meeting his/her expectations.		
9.	Isn't overprotective with me.		
10	Loses his/her temper when I'm not feeling well.		
11	Is sympathetic towards me when I'm ill or upset.		
12	Can see my point of view.		
13	Is always interfering.		

14	Doesn't panic when things start going wrong.		
15	Encourages me to seek outside help when I'm not feeling well.		
16	Doesn't feel that I'm causing him/her a lot of trouble.		
17	Doesn't insist on doing things with me.		
18	Can't think straight when things go wrong.		
19	Doesn't help me when I'm upset or feeling unwell.		
20	Puts me down if I don't live up to his/her expectations.		
21	Doesn't insist on being with me all the time.		
22	Blames me for things not going well		
23	Makes me feel valuable as a person		
24	Can't stand it when I'm upset.		
25	Leaves me feeling overwhelmed.		
26	Doesn't know how to handle my feelings when I'm not feeling well.		
27	Says I cause my troubles to occur in order to get back at him/her.		
28	Understands my limitations.		
29	Often checks up on me to see what I'm doing.		
30	Is able to be in control in stressful situations.		
31	Tries to make me feel better when I'm upset or ill.		
32	Is realistic about what I can and cannot do.		
33	Is always nosing into my business.		
34	Hears me out.		
35	Says it’s not ok to seek professional help.		
36	Gets angry with me when things don’t go right		
37	Always has to know everything about me.		
38	Makes me feel relaxed when he/she is around.		
39	Accuses me of exaggerating when I say I'm unwell.		
40	Will take it easy with me, even if things aren't going right.		

41	Insists on knowing where I'm going.		
42	Gets angry with me for no reason		
43	Is considerate when I'm ill or upset.		
44	Supports me when I need it.		
45	Butts into my private matters.		
46	Can cope well with stress.		
47	Is willing to gain more information to understand my condition, when I'm not feeling well.		
48	Is understanding if I make mistakes.		
49	Doesn't pry into my life.		
50	Is impatient with me when I'm not well		
51	Doesn't blame me when I'm feeling unwell		
52	Expects too much from me.		
53	Doesn't ask a lot of personal questions.		
54	Makes matters worse when things aren't going well.		
55	Often accuses me of making things up when I'm not feeling well.		
56	"Flies off the handle" when I don't do something well.		
57	Gets upset when I don't check in with him/her.		
58	Gets irritated when things don't go right.		
59	Tries to reassure me when I'm not feeling well.		
60	Expects the same level of effort from me, even if I don't feel well.		

ANSWER KEY FOR LEVEL OF EXPRESSED EMOTIONS

Positive statements	Negative statements
1	3
2	8
4	9
5	10
6	13
7	14
11	19
12	20
15	24
16	26
17	27
18	29
21	33
22	35
23	37
25	39
28	40
30	41
31	42
32	45
34	50
36	51
38	52
43	53
44	54
46	55
47	56
48	57
49	58
59	60

Scoring:

0-20: Low expressed emotions

21-60: High expressed emotion.

SECTION – C

STRUCTURED SELF REPORTING QUESTIONNAIRE TOOL

Instruction:

This section seeks information about knowledge regarding expressed emotions in relapse prevention. Each question has three options. Select the most suitable answer for the respective question and place a tick (√) mark against the corresponding answer.

I. Knowledge regarding schizophrenia

1. What is schizophrenia?

a) Serious mental illness ( )

b) Serious physical illness ( )

c) Physical cum mental illness ( )

II. Knowledge regarding relapse

2. What do you mean by relapse in client?

a) Return back to hospitalization ( )

b) Return back of symptom ( )

c) Return back to home ( )

3. Which is the following is associated with relapse?

a) Neurotransmitter ( )

b) Brain injury ( )

c) Certain hormones ( )

4. What do you know about the concept of relapse?

a) It is a simpler way of attention seeking behaviour of the patient. ( )

b) It is highly pity to see the patient with symptoms ( )

c) It is the punishment of God ( )

5. Which is the following risk factor leads the patients into relapse?

a) Stressful life ( )

b) Going for job ( )

c) Availability of support system ( )

6. What is the effect of relapse on client?

a) Produces significant personal euphoria ( )

b) Interfere with rehabilitation efforts ( )

c) Interfere with heavy eating pattern ( )

7. What is the consequence of relapse?

a) Patients Commit suicide ( )

b) Patients suffer from depression ( )

c) Patients experiences anxiety ( )

8. When does the schizophrenic patient develop relapse?

a) Outburst of expressed emotion by caregiver. ( )

b) In absence of economic freedom of patient ( )

c) Presence of double bind communication ( )

9. Which is the positive symptom of relapse?

a) Depression ( )

b) Adequate self care ( )

c) Increased sociability ( )

III. Knowledge regarding expressed emotions

10. What is expressed emotion?

a) Caregiver expresses joy and happiness ( )

b) Caregiver shouts and cries ( )

c) Caregiver attitude towards the patient ( )

11. Why do you identify a person with expressed emotion?

a) To increase patient symptoms ( )

b) To avoid society ( )

c) To prevent relapse among patients ( )

12. What is the cause for expressed emotion in caregiver?

a) Ideal at home environment. ( )

b) Patients being dependent with caregiver for everything ( )

c) Prolonged contact of patients with the critical caregivers ( )

13. What is the most important caregiver factor causing relapse in clients?

a) Taking care of self but not the patient ( )

b) Expressed emotion of caregiver ( )

c) Caregivers lacking emotional over involvement with patient ( )

14. What is the main symptom of high expressed emotion?

a) Passing critical comments on clients ( )

b) Exhibition of Understanding and tolerance ( )

c) Showing warmth to the client ( )

15. Which of the following is the symptom of low expressed emotion?

a) Critical comments ( )

b) Hostility ( )

c) Understanding the patient ( )

16. How does the warmth expressed by the person?

a) Being kind ( )

b) Being quiet ( )

c) Being angry ( )

17. What is an emotional over involvement by the caregiver?

a) Emotional coldness ( )

b) Excessive self sacrifice ( )

c) Excessive social interaction ( )

18. How does the voice expressed by the caregiver in critical comments?

a) Increased volume with tone ( )

b) Decreased volume with tone ( )

c) Monotonous volume with tone ( )

19. Which of the following is positive regard?

a) Ignoring the patient's little effort ( )

b) Appreciate the patient's little effort ( )

c) Criticising the patient's little effort ( )

20. What is the early warning sign of expressed emotions?

a) Highly nervous ( )

b) Increased socialization ( )

c) Hyper vigilance ( )

IV. Knowledge regarding management for relapse and expressed emotions

21. What is the strategy available to prevent expressed emotion?

a) Work closely with families ( )

b) Leave the client comfortably without doing any work ( )

c) Irregular follows up of client ( )

22. How do you prevent expressed emotion in caregivers?

a) Increase the work load of caregiver ( )

b) Reduce the occurrence of relapse in patients. ( )

c) Increase the interaction of family with client. ( )

23. What is the protective factor to reduce expressed emotions?

a) Having Face to face contact ( )

b) Leaving the patient in his own. ( )

c) Allowing the patient to mingle with everybody. ( )

24. How does the relapse can be controlled?

a) Avoiding people contact ( )

b) Involvement in relaxation training ( )

c) By taking rest. ( )

25. What is the following measure help us to control expressed emotion in caregivers?

a) Quality time spent in interacting with the client& relationship ( )

b) Quantity time spent in interacting with the client& relationship ( )

c) Both quality and quantity time spent in interacting with the client & relationship. ( )

ANSWER KEY FOR KNOWLEDGE QUESTIONNARIES ON RELAPSE PREVENTION

1	a	**14**	a
2	b	**15**	c
3	a	**16**	a
4	a	**17**	b
5	a	**18**	a
6	b	**19**	b
7	a	**20**	a
8	a	**21**	a
9	a	**22**	c
10	c	**23**	a
11	c	**24**	b
12	c	**25**	a
13	b		

Scoring

0-8 : Inadequate knowledge

9-16 : Moderately inadequate knowledge

17-25 : Adequate knowledge

கருவி

பிரிவு - அ : அடிப்படை விவரங்கள்

குறிப்பு :

அன்பான பங்கேற்பாளரே, தனி நபர்பிரிவில் சில தகவல்கள் தேவைப்படுகிறது. நீங்கள் ஒவ்வொரு கேள்விக்கும் சரியான பதில் அளிக்குமாறு கேட்டுக் கொள்ளப்படுகிறீர்கள். உங்களது பதில் இரகசியமாக வைக்கப்படும்.

மாதிரி எண் :

தேதி :

1. **வயது வருடங்களில்**

அ) 18 வயதிற்குக் கீழ் ( )

ஆ) 18-30 வயதிற்குள் ( )

இ) 30 வயதிற்கு மேல் ( )

2. **பாலினம்**

அ) ஆண் ( )

ஆ) பெண் ( )

3. **திருமண நிலை**

அ) திருமணம் ஆனவர் ( )

ஆ) திருமணம் ஆகாதவர் ( )

இ) விவாகரத்தானவர்/ பிரிந்தவர் ( )

ஈ) விதவை ( )

4. **படிப்**பு

அ) அடிப்படைக்கல்வி பெறாதவர் ( )

ஆ) ஆரம்பக்கல்வி பெற்றவர் ( )

இ) மேல்நிலைக்கல்வி பெற்றவர் ( )

ஈ) பட்டப்படிப்பு பெற்றவர் ( )

உ) முதுநிலை பட்டப்படிப்பு பெற்றவர் ( )

5. **தொழில்**

அ) தனியார் வேலை ( )

ஆ) அரசாங்க வேலை ( )

இ) சுயவேலை தொழில் செய்பவர் ( )

6. **குடும்பத்தின் மாதவருமானம் ரூபாயில்**

அ) 5000 க்கு கீழ் ( )

ஆ) 5001-10000 வரை ( )

இ) 10001-15000 வரை ( )

ஈ) 15,000 திற்கு மேல் ( )

7. **நோயாளியுடனான உறவுமுறை**

அ) மகள் / மகன் ( )

ஆ) பெற்றோர்/ உடன்பிறப்பு ( )

இ) தாத்தா / பாட்டி ( )

ஈ) கணவர்/ மனைவி ( )

8. **நோய்வாய்ப்பட்டவருக்கு நோய் இருந்த காலம்**

அ) 6 மாதத்திற்கும் கீழ் ( )

ஆ) 6-12 மாதங்கள் ( )

இ) 1-3 வருடங்கள் ( )

ஈ) 3 வருடங்களுக்கு மேல் ( )

9. **நோயாளியுடன் தங்கியிருக்கும் காலம்**

அ) 1 வருடத்திற்கும் கீழ் ( )

ஆ) 1-3 வருடங்கள் ( )

இ) 3-5 வருடங்கள் ( )

ஈ) 5 வருடங்களுக்கும் மேல் ( )

10. **குடும்ப வகை**

அ) தனிக்குடும்பம் ( )

ஆ) கூட்டுக்குடும்பம் ( )

11. **மதம்**

அ) இந்து ( )

ஆ) முஸ்லீம் ( )

இ) கிறிஸ்தவர் ( )

ஈ) மற்றவை ( )

12.**வசிப்பிடம்**

அ) நகரம் ( )

ஆ) கிராமம் ( )

பிரிவு – ஆ

பராமரிப்பாளர்களின் உணர்வுகளை மதிப்பிட கட்டமைக்கப்பட்ட நேர்காணல் அட்டவணை

குறிப்பு :

பின்வரும் அறிக்கையில் எவரேனும் உங்களை நோக்கி கடந்த மூன்று மாதங்களாக செயல்பட்டு இருந்தால் , அந்த நபரைப் பற்றி அடையாளம் கணடறிய உதவுகிறது. நபர்கள் உதாரணமாக தாய், தந்தை, சகோதரன், சகோதரி, கணவன், மனைவி, உறவினர்கள (எ.கா.அத்தை, தாத்தா) மற்றும் நண்பர்கள், ஒவ்வொரு அறிக்கையையும் பொறுமையாக வாசிக்கவும்.வழங்கப்பட்ட தாளில் உங்கள் பதில்களைக் குறிக்க டிக் (√) அடிக்கவும். நீங்கள் கொடுக்கப்பட்ட கருத்து உண்மை என்று நினைத்தால் (சரி) நீங்கள் கொடுக்கப்பட்டகருத்து பொய் நினைத்தால் (தவறு) பெட்டியை டிக் செய்யவும்.

வ. எண்	கருத்துகள்	சரி	தவறு
1	பேச விரும்பாத நேரத்திலும் என்னைப் புரிந்து கொள்வார்.		
2	கோபமான நேரத்தில் என்னை அமைதிபடுத்துவார்.		
3	பொறுமை இழந்துவிட்டேன் என்று என்னிடம் சொல்வார்.		
4	அவர் / அவர்களுடைய எதிர்பார்ப்புகளை நான் சந்திக்காத நேரத்திலும் என்னைப் பொறுத்துக்கொள்வார்.		
5	என்னுடைய உரையாடலில் தலையிடமாட்டார்.		
6	பதட்டமான சூழ்நிலைக்கு என்னை தள்ளமாட்டார்.		
7	எனக்கு உடம்பு சரியில்லை என்று நான் சொல்லும் போது, கவனிப்பு தேவை என்று என்னிடம் சொல்லுவார்.		
8	அவருடைய எதிர்ப்பார்ப்புகளை நான் சந்திக்காத நேரத்தில் குற்ற உணர்ச்சியை ஏற்படுத்துவார்.		
9	என்னிடம் அதிக கவனம் செலுத்த மாட்டார்.		
10	எனக்கு உடம்பு சரியில்லாத நேரங்களில் அவருடைய பொறுமையை இழந்து விடுவார்.		
11	எனக்கு உடம்பு சரியில்லாத நேரத்திலோ அல்லது கவலையான நேரத்திலோ என்னிடம் அனுகூலமாய் இருப்பார்.		

12	என்னுடைய நோக்கத்திலிருந்து பார்ப்பார்.		
13	என்னுடைய செயல்களில் எப்பொழுதும் குறுக்கிடுவார்.		
14	ஏதாவது நிகழ்ச்சி தவறாக போனால் பதட்டநிலை அடையமாட்டார்.		
15	எனக்கு உடல்நிலை சரியில்லாத போது என்னிடம் வெளியே உதவியை நாட ஊக்குவிப்பார்.		
16	நான் அவனுக்கு / அவளுக்கு மிகுந்த பிரச்சினைகள் வருவதற்கு காரணமாக இருக்கிறேன் என்று உணரவில்லை.		
17	என்னுடன் எந்தவொரு விஷயங்களையும் செய்ய வலியுறுத்துவதில்லை.		
18	விஷயங்கள் தவறாகும் போது சரியாக யோசிக்க முடியவதில்லை.		
19	நான் சோர்ந்து அல்லது உடம்பு சரியில்லாமல் இருக்கும்போது எனக்கு உதவுவதில்லை.		
20	நான் அவன் / அவள் எதிர்ப்பார்ப்புகளைப் பூர்த்தி செய்யவில்லை என்றால் என்னை தரக்குறைவாக நடத்துவார்.		
21	என்னிடம் எல்லா நேரமும் இருப்பது பற்றி வற்புறுத்துவதில்லை.		
22	விஷயங்கள் நன்கு போகாத சமயத்தில் என்னைக் குறை கூறுவார்.		
23	என்னை மிகவும் மதிப்பு மிக்க நபராக உணரவைப்பார்.		
24	என்னுடைய துன்ப நிலையில் எனக்கு உதவி செய்ய மாட்டார்.		
25	நான் நன்றாக இருப்பதாக உணரச் செய்வார்.		
26	எனக்கு மனது சரியில்லாத போது என் உணர்ச்சிகளை எப்படி கையாள வேண்டும் என்று தெரியாது.		
27	நான் அவள் / அவனுடன் இருக்கும் உறவினைப் புதுப்பிப்பதற்காக பிரச்சினைகளை ஏற்படுத்துகிறேன் என்று கூறுவார்.		
28	என் வரைமுறைகளைப் புரிந்து கொள்வார்.		
29	பெரும்பாலும் என் செயல்களைக் கவனிப்பார் .		
30	மனஅழுத்த சூழ்நிலைகளில் என்னை அவர் தன் கட்டுப்பாட்டில் வைத்திருப்பார்.		
31	நான் சோர்ந்து காணப்பட்டாலோ அல்லது உடல்நிலை சரியில்லாது		

	இருக்கும் பொழுதோ நான் நன்றாக இருப்பதாக உணரச் செய்வார்.		
32	என்னால் செய்ய முடிந்ததை உணர்ந்து இருப்பார்.		
33	என் தொழிலில் எப்பொழுதும் குறுக்கிட மாட்டார்.		
34	என் எண்ணங்களைப் புரிந்து கொள்வார்.		
35	நிபுணரிடமிருந்து உதவியை பெறுவது சரியல்ல என்பார்.		
36	விஷயங்கள் சரியாக இல்லாத சமயத்தில் என்னிடம் கோபம் கொள்வார்.		
37	எப்போதும் என்னைப்பற்றி எல்லாமும் தெரிந்து கொள்ளும் எண்ணம் உள்ளவர்.		
38	என் அருகாமையில் அவன் / அவள் இருக்கும்போது நான் நிம்மதியாக உணர்கிறேன்.		
39	எனக்கு உடல்நிலை சரியில்லை என்று நான் சொல்லும்போது என் மீது பெரிதாக குற்றம் சுமத்துவார்.		
40	விஷயங்கள் சரியாக இல்லாத நிலையிலும் போதும் அதை என் நிமித்தம் எளிதாக எடுத்துக் கொள்வார்.		
41	நான் செல்லும் இடத்தை அக்கறையுடன் கேட்டுதெரிந்துக்கொள்வார்.		
42	எந்தக் காரணமும் இல்லாமல் கோபம் கொள்வார்.		
43	நான் சோகமாகவோ அல்லது உடல்நிலை சரியில்லாமல் இருக்கின்ற போது என்னிடம் பரிவு காட்டுவார்.		
44	தேவைப்படும் நேரத்தில் எனக்கு உதவுவார் .		
45	என்னுடைய தனிப்பட்ட விஷயங்களில் தலையிடுவார்.		
46	மனஅழுத்த சமயத்தில் நன்றாக சமாளிக்க முடியும்.		
47	எனக்கு உடல்நிலை சரியில்லாத போது, என் நிலையைப் பற்றி புரிந்து கொள்ளவும், தகவல் பெறவும் தயாராக இருப்பார்.		
48	நான் தவறுகள் செய்தால் என்னைப் புரிந்துக் கொள்வார்.		
49	என் வாழ்வைக் கூர்ந்து ஆராய்வதில்லை.		
50	எனக்கு உடல்நிலை சரியில்லாத போது என்னுடன் பொறுமை இழந்து காணப்படுவார்.		

51	எனக்கு உடல்நிலை சரியில்லாத சமயத்தில் என்னிடம் குற்றம் பார்க்க மாட்டார்.		
52	என்னிடம் இருந்து அதிகமாக எதிர் பார்ப்பார்.		
53	என்னுடைய தனிப்பட்ட விஷயங்களைப் பற்றி அதிகமாக கேள்வி கேட்கமாட்டார்		
54	விஷயங்கள் தகுந்த விதத்தில் செல்லாத சமயத்தில் இன்னும் அதை மோசமாக்க செய்வார்.		
55	எனக்கு உடல்நிலை சரியில்லாத போது பிரச்சினையை மேற்கோள் காட்டி என்னைக் குற்றம் சாட்டுவார்.		
56	நான் சரியாக ஏதாவது கரியத்தைச் செய்யவில்லை என்றால் என்னை கைவிட்டு விடுவார்.		
57	நான் அவன் / அவளைக் கலந்து ஆலோசிக்காத சமயத்தில் வருத்தப்படுவார்		
58	விஷயங்கள் சரியாக போகவில்லை என்றால் எரிச்சல்படுவார்.		
59	எனக்கு உடல்நிலை சரியில்லாத போது எனக்கு ஊக்கம் தர முயற்சிப்பார்.		
60	எனக்கு உடம்பு சரியில்லாத நேரத்தில் கூட என்னிடம் இருந்த பழைய உற்சாகத்தை எதிர்ப்பார்ப்பார்.		

பிரிவு – இ

ஆரோக்கியமற்ற நிலையைப் பற்றிய அறிவை மதிப்பீடு செய்வதற்கான வினாப்பட்டியல்

குறிப்பு :

இந்தப் பிரிவில் ஆரோக்கியமற்ற நிலையைப் பற்றிய வினாக்கள் தொகுக்கப்பட்டுள்ளன.ஒவ்வொரு வினாவிற்கும் மூன்று விதமான விடைகள் கொடுக்கப்பட்டுள்ளது.கேட்கப்பட்டிருக்கும் வினாவிற்கு சரியான விடையைத் தேர்ந்தெடுத்து எதிரே உள்ள கட்டத்தில் டிக் (√) என்ற குறியினை இடவும்.

I. மனச்சிதைவு நோய் பற்றிய அறிவு :-

1. **மனச்சிதைவு நோய் என்றால் என்ன ?**

அ) கொடுமையான மனநல நோய் ()

ஆ) கொடுமையான உடல் சம்பந்தப்பட்ட நோய் ()

இ) உடலும் மனமும் சம்பந்தப்பட்ட நோய் ()

II. ஆரோக்கியமற்ற நிலையைப்பற்றிய அறிவு

2. **நீங்கள் நோயாளியின் ஆரோக்கியமற்ற நிலையைப்பற்றி என்ன நினைக்கிறீர்கள் ?**

அ) மறுபடியும் மருத்துவமனைக்கு வருதல் ()

ஆ) மறுபடியும் நோய் அறிகுறிகள் திரும்ப வருதல் ()

இ) மறுபடியும் வீட்டிற்குச் செல்லுதல் ()

3. **பின்வருவனவற்றில் எது ஆரோக்கியமற்ற நிலைக்கு தொடர்புடையதாக உள்ளது ?**

அ) நரம்பின் மூலமாக உணர்வு கடத்தியில் ஏற்படும் மாற்றங்கள் ()

ஆ) மூளையில் அடிபடுதல். ()

இ) சிலவகையான சுரப்பிகள் . ()

4. **ஆரோக்கியமற்ற நிலையைப் பற்றிய உங்களுடைய கருத்து என்ன ?**

அ) இது நோயாளி மற்றவரின் கவனத்தை அடைய செய்யும் ஒரு வகையான எளிய வழி. ()

ஆ) நோயாளியை அறிகுறிகளுடன் பார்க்கும்போது பரிதாபமாக இருக்கிறது. ()

இ) இது கடவுளின் தண்டனை. ()

5.**பின்வரும் காரணிகளில் எது நோயாளியை ஆரோக்கியமற்ற நிலையை நோக்கி செலுத்துகிறது?**

அ) மனஅழுத்த வாழ்க்கை முறை ()

ஆ) வேலைக்குச் செல்லுதல் ()

இ) ஆதரவு அமைப்புகளின் நிலை. ()

6.**நோயாளியின் மீது ஆரோக்கியமற்ற நிலையின் விளைவு என்ன ?**

அ) குறிப்பிடத்தக்க தனிப்பட்ட சந்தோஷத்தை ஏற்படுத்துகிறது . ()

ஆ) மறுவாழ்வு முயற்சிகளில் இடையூறு உண்டாக்குதல். ()

இ) உணவு முறையில் கடும் பிரச்சனைகளை உண்டாக்குதல். ()

7.**ஆரோக்கியமற்ற நிலையின் விளைவு என்றால் என்ன ?**

அ) நோயாளி தற்கொலை செய்வார் . ()

ஆ) நோயாளி மனஅழுத்தத்தால் அவதிப்படுவார் . ()

இ) நோயாளி தவிப்பை உணருவார். ()

8. **எந்த நேரம் மனச்சிதைவு நோயாளி ஆரோக்கியமற்ற நிலையை உண்டாக்குவார் ?**

அ) அவசரப்பட்டு பராமரிப்பாளர் மூலம் வெளிப்படுத்தப்படும் ஒரு உணர்ச்சி. ()

ஆ) நோயாளியின் பொருளாதார சுதந்திரம் இல்லாத நிலையில் ஏற்படுவது. ()

இ) இரட்டிப்பு அர்த்தத்தில் பேசுவதால் ஏற்படுவது . ()

9. **எது ஆரோக்கியமற்ற நிலைக்கு சாதகமான அறிகுறியாக உள்ளது ?**

அ) மன அழுத்தம் ()

ஆ) போதுமான சுய பாதுகாப்பு ()

இ) சமுதாய பங்கேற்பு அதிகரித்தல் ()

III. வெளிப்படுத்தின உணர்ச்சிகளைப் பற்றிய அறிவு :-

10. **வெளிப்படுத்தின உணர்ச்சி என்றால் என்ன ?**

அ) பராமரிப்பாளரின் சந்தோஷத்தின் வெளிப்பாடு ()

ஆ) பராமரிப்பாளரின் திட்டலும் அழுகையும் ()

இ) நோயாளியை நோக்கி பராமரிப்பாளரின் அணுகுமுறை ()

11. **எதற்காக மனிதரை வெளிப்படுத்தின உணர்ச்சியிலிருந்து கண்டுபிடிக்க வேண்டும் ?**

அ) நோயாளியின் அறிகுறிகளை அதிகரிக்க ()

ஆ) சமுதாயத்திலிருந்து விலகி இருக்க ()

இ) நோயாளியிடம் ஆரோக்கியமற்ற நிலையை தடுப்பதற்காக ()

12. **பராமரிப்பாளரால் வெளிப்படுத்தப்படும் உணர்ச்சியின் காரணம் என்ன ?**

அ) எதுவும் செய்யாமல் வீட்டுச் சூழலில் இருத்தல் ()

ஆ) நோயாளி எல்லாவற்றிற்கும் பராமரிப்பாளரைச் சார்ந்திருத்தல். ()

இ) நோயாளியிடம் முக்கிய பராமரிப்பாளர் அதிக நாள் தொடர்பு கொண்டிருத்தல் ()

13. **நோயாளிக்கு ஆரோக்கியமற்ற நிலையை ஏற்படுத்தும் முக்கியமான பராமரிப்பாளர் காரணி என்ன?**

அ) சுய அக்கறையை அதிகமாக கவனித்துக் கொண்டு நோயாளியைக் கவனிக்காமல் இருத்தல் ()

ஆ) பராமரிப்பாளரின் வெளிப்படுத்தினர் உணர்ச்சி ()

இ) பராமரிப்பாளர் நோயாளியுடன் அதிக ஈடுபாட்டுடன் இருத்தல். ()

14. **அதிக வெளிப்படுத்தினர் உணர்ச்சியின் முக்கிய அறிகுறி என்ன ?**

அ) நோயாளி மீது விமர்சன கருத்துகளைச் சொல்லுதல் ()

ஆ) புரிந்து கொள்ளுதல் மற்றும் சகிப்புத்தன்மையைக் காட்டுதல் ()

இ) அரவணைப்பை நோயாளியிடம் காட்டுதல் ()

15. **பின்வருவனவற்றில் எது குறைந்த வெளிப்படுத்தின உணர்ச்சியின் அறிகுறியாக உள்ளது?**

அ) விமர்சன கருத்துகள் ()

ஆ) எதிர்ப்பு. ()

இ) நோயாளியைப் புரிந்து கொள்ளுதல். ()

16. **அரவணைப்பை எப்படி பராமரிப்பாளர் வெளிப்படுத்துவார் ?**

அ) அமைதியாக இருத்தல் ()

ஆ) அன்பாக இருத்தல் ()

இ) கோபமாக இருத்தல் ()

17. **பராமரிப்பாளரின் உணர்ச்சி மீது ஈடுபாடு என்றால் என்ன ?**

அ) அமைதியான உணர்ச்சியில் இருத்தல் ()

ஆ) அளவுக்கு அதிகமான சுய தியாகம் ()

இ) அதிகப்படியான சமூகத் தொடர்பு. ()

18. **பராமரிப்பாளர் விமர்சன கருத்துகளை கூறும் போது அவருடைய குரலை எப்படி வெளிப்படுத்துவார் ?**

அ) குரலும், தொனியும் அதிகமாக இருக்கும் ()

ஆ) குரலும், தொனியும் குறைவாக இருக்கும் ()

இ) குரலும், தொனியும் சலிப்பாக இருக்கும் ()

19. **பின்வருவனவற்றில் எது நேர்மறை தொடர்பாக உள்ளது ?**

அ) நோயாளியின் சிறிய முயற்சியைப் புறக்கணித்தல் ()

ஆ) நோயாளியின் சிறிய முயற்சியைப் பாராட்டுதல் ()

இ) நோயாளியின் சிறிய முயற்சியை விமர்ச்சித்தல் ()

20. **வெளிப்படுத்தினர் உணர்ச்சியின் ஆரம்ப எச்சரிக்கை அறிகுறி என்ன ?**

அ) மிகவும் பதட்டமாக இருத்தல் ()

ஆ) அதிகமான சமூகதொடர்பு ()

இ) அதிக கவனமாக பார்த்தல் ()

Iv.ஆரோக்கியமற்ற நிலை மற்றும் வெளிப்படுத்தும் உணர்ச்சி சிகிச்சை பற்றிய அறிவு

21. **வெளிப்படுத்தினர் உணர்ச்சியைத் தடுக்கும் நடவடிக்கை திட்டங்கள் என்ன உள்ளன ?**

அ) குடும்பத்தினருடன் நெருக்கமாக வேலை செய்தல் ()

ஆ) நோயாளியை எந்த வேலையையும் செய்யாமல் வசதியாக விட்டுவிடல் ()

இ) நோயாளியின் முறையற்ற சிகிச்சை முறை ()

22. **பராமரிப்பாளரின் வெளிப்படுத்தினர் உணர்ச்சியை எவ்வாறு தடுக்கலாம் ?**

அ) பராமரிப்பாளரின் வேலையை அதிகரித்தல் ()

ஆ) நோயாளியின் ஆரோக்கியமற்ற நிலை ஏற்படுவதைத் தவிர்த்தல் ()

இ) குடும்பத்தினரின் நோயாளியுடனான கலந்துரையாடல் அதிகரித்தல் ( )

23. **வெளிப்படுத்தும் உணர்ச்சியைக் குறைக்கும் பாதுகாப்பு காரணிகள் என்ன ?**

அ) நேருக்கு நேரான தொடர்பு வைத்தல் ()

ஆ) நோயாளியை அவருடைய போக்கில் விட்டுவிடுதல் ()

இ) நோயாளியை எல்லோருடன் சேர்ந்து இருக்க சொல்லுதல் ()

24. **ஆரோக்கியமற்ற நிலையை எவ்வாறு கட்டுப்படுத்த முடியும் ?**

அ) மக்களுடன் தொடர்பு கொள்வதைத் தடுத்தல் ()

ஆ) தளர்வு பயிற்சியில் ஈடுபடுதல் ()

இ) ஓய்வெடுத்தல் ()

25. **பின்வரும் நடவடிக்கைகளில் பராமரிப்பாளர்களின் வெளிப்படுத்தப்படும் உணர்ச்சியைக் கட்டுப்படுத்த உதவுவது எது ?**

அ) தரமான நேரத்தில் நோயாளியும் உறவினரும் கலந்துரையாடுவது ()

ஆ) அளவு நேரத்தில் நோயாளியும் உறவினரும் கலந்துரையாடுவது ()

இ) தரமும் மற்றும் அளவும் இரண்டும் சேர்ந்த நேரத்தில் நோயாளியும் உறவினரும் கலந்துரையாடுவது. ()

ANNEXURE - E

STRUCTURED TEACHING PROGRAMME ON RELAPSE PREVENTION

Topic	: Relapse Prevention.
Group	: Caregivers of patients with Schizophrenia.
Place	: Sri Gokulum Hospital, Salem.
Time	: 45 minutes.
Medium of instruction	: Tamil.
Method of Teaching	: lecture cum discussion.
Teaching aid	: LCD.

CENTRAL OBJECTIVE:

The caregivers of patients with schizophrenia acquire adequate knowledge regarding expressed emotions in relapse prevention and develop desirable attitude and apply the necessary skills on caregivers to prevent relapse in patients.

SPECIFIC OBJECTIVES:

At the end of the class the caregivers will be able to;

1. introduce meaning for schizophrenia
2. describe schizophrenia
3. define relapse
4. detail relapse
5. states expressed emotions
6. explain expressed emotions in detail
7. discuss the management for relapse and expressed emotions

Time	Specific objective	content	Teachers activity	Learners activity
1 minute	Introduce meaning for schizophrenia.	**INTRODUCTION** Schizophrenia is a serious mental illness that trouble individuals, their families, and society. Although biological factors are crucial to understand schizophrenia, social factors also play an important role in determining the better result. After hospitalization, patients who return to family environments marked by high levels of disturbances are more likely to relapse. The expressed emotion (EE) is considered to be an adverse family environment, which includes the quality of interaction patterns and nature of family relationships among the family caregivers and patients of schizophrenia and other psychiatric disorders. Influence of EE has been found to be one of the strong predictors of relapse in schizophrenia. Relapse prevention is a primary goal in the treatment of schizophrenia. Relapse can cause significant personal distress, interfere with rehabilitation efforts, and result in psychiatric rehospitalisation.	Introducing the meaning for schizophrenia.	Listening

10 minutes	describe Schizophrenia.	**DESCRIBE SCHIZOPHRENIA** **Aetiology for schizophrenia** 1. Imbalance in neurotransmitter levels Increased level of dopamine , imbalance of serotonin, acetylcholine, GABA 2.Maternal influenza 3. Complications of pregnancy particularly during labour and delivery.eg forceps delivery, bleeding, foetal asphyxia, diabetes, foetal growth retardation etc. 4. Consanguineous marriage. 5. Hereditary from parents to children or from ancestors to offspring 6.Stressful situation 7. Poor mother and child relationship. 8.Double bind communication in the family, 9. High social mobility e.g. migration. 10. Disorganization among the members of very low social classes. **Signs and symptoms** • Talking to self • Laughing to self • Irrelevant talk • Using abusive words	Describing schizophrenia.	Listening and observing.

1 minute	Define relapse.	• Assaultive behaviour • Not taking food • Not sleeping • Social withdrawal • Poor self care & hygiene • Occupational dysfunction • Wandering tendencies **Treatment** We have good treatment like drugs & other so many psycho social interventions, were your loved one get educated in terms of effective social interaction ,mingling with others, learning adaptive behaviour & learning about their own disease condition & get the details in prevention of its reoccurrence ,which can help your loved one to get improved. **Prognosis** Only about 10 to 20% of patients can be described as having a good outcome, with repeated hospitalization. **DEFINITION FOR RELAPSE PREVENTION** In the course of disease, relapse is a return back of symptoms after a period of time when no symptoms are present. Any treatments applied in advance to prevent future	Defining Relapse	Listening

		symptoms are known as relapse prevention. **DETAIL RELAPSE** **Nature of illness as determinants of relapse**	prevention.	
10 minutes	Detail Relapse.	1) Biological mechanisms of relapse may not become fully elucidated before the mechanisms of the schizophrenic pathophysiology are clarified. 2) Low serotonergic and high dopaminergic neurotransmission are associated with a relapse, possibly high noradrenergic neurotransmission plays a role in short-term relapses. 3) Role of Certain cytokines, which have rarely been studied today, seems to have an even higher impact on schizophrenic relapse. **Risk factors for relapse** • Stressful life • Demanding life. • Lack of regular routines and • A lack of social, family and community support • Substance use or abuse • High levels of expressed emotions include criticism, hostility or too much emotional over involvement from family members, low expressed emotions include warmth. Understanding.	Describing relapse.	Listening and observing.

1minute 11 minutes	State expressed emotions. Explain expressed emotions in detail.	• Condition specific triggers for example, the anniversary of a traumatic event could be a trigger for someone with posttraumatic stress disorder **Positive symptoms of relapse** • Avoiding other people • Getting up late • Feeling, vague anxious or low in mood. • depression and suicide • lack of self care competency **STATE EXPRESSED EMOTIONS** **Definition for expressed emotion** Expressed emotion (EE) refers to care giver's attitude towards a person with a mental disorder as reflected by comments about the patient made to an interviewer. **EXPLAIN EXPRESSED EMOTIONS IN DETAIL.** **Causes of expressed emotion** • Prolonged contact of patients with the critical caregivers determines the relapse in schizophrenia. • Protective factor of reduced face to face contact for patients in high EE families.	Stating Expressed emotions. Explain expressed emotions in detail.	listening Listening and observing.

		• Expressed emotion home environment. **Components of expressed emotion** There are two types of expressed emotions. Namely high expressed emotions and low expressed emotions. High EE is critical comments, emotional over involvement and hostility. Low EE is warmth, positive regard. **1. Critical comments** Careful observations of patient and the caregiver are needed during the direct communications. This lead to physical violence and it is the nature of some families with high EE. Patients who are unable to get up in the morning, who fail to wash regularly, or who do not participate in household tasks are criticized for being lazy and selfish; unfortunately, the caregivers fail to understand that these could be potential manifestations of negative symptoms of schizophrenia (affective flattening, attention impairment, avolition, lack of initiative, inability to experience pleasure, social withdrawal, and lack of speech output) or any other psychotic disorder Examples: Family caregiver may express in an increased volume, tone, that patient frustrates them, deliberately causes problems for them, family members feel burden of patient, living with him is difficult, commenting that patient is ignoring or not following their advices.		

		2. Hostility It is scored as being absent or present during the interview and it is a consequence of unmanageable anger and irritation followed by critical comments and leads to rejection of the patient. Hostility is expressed by general criticisms or attitudes that are rejection of the patient. Examples: Caregivers state that patient causing problems for them, wishing to live away from the patient, shouting at the patient, easily getting angry and getting irritation, patient can control himself, he is acting. **3. Emotional over involvement (EOI)** EOI manifests itself by over-emotionality, excessive self-sacrifice, over-identification, and extreme overprotective behaviour with the patient. By chance this has the effect of discouraging the person's skills and self-reliance, over protectiveness hampers the person's recovery. It also leads to dependence of the patient on their caregiver. The patient then becomes worried about the outlook of having to cope without the continuous support of their caregiver and becomes dependent. This EOI is most commonly shown by parents, especially mothers, and occasionally by fathers, but rarely by other relatives. Examples: Caregivers blame themselves for everything, feeling like everything is their fault; showing pity, not allowing the patient to carry out his day-to-day activities,		

		neglecting self, giving less important personal needs rather than patient needs. **4. Warmth** It is assessed based on kindness, concern, and empathy expressed by the caregiver while talking about the patient. It depends greatly on vocal qualities with smiling being a common accompaniment, which often conveys an empathic attitude by the relative. Warmth is a significant characteristic of the low EE family. Examples: Caregivers state that patient tries to get along with everyone, he makes a lot of sense, he is easy to get along with, and it is good to have him around, patient's behaviour is appropriate since it is not his/her pre-morbid self. **5. Positive regard** Positive regard comprises of statements that express appreciation or support for patient's behaviour and verbal/nonverbal reinforcement by the caregiver. Examples: Family states that they feel very close to the patient, they appreciate patient's little efforts or initiation in his day to day functioning, they state that they can cope with the patient and enjoy being with him/her. **Caregivers factors associated with expressed emotion** **1. Caregivers personality factors and expressed emotion** In high Expressed Emotions, it includes reduced satisfaction of their individual activities, reduced optimism about their future, and reduced self-efficacy compared		

		with low Expressed Emotions caregivers. Moreover, caregivers of high Expressed Emotions were less empathic, rigid, and impatient than low Expressed Emotions caregivers. **2. Caregivers attribution factors of Expressed Emotion** High-criticism caregivers are more likely to believe that patients can have control over the manifestation of their symptoms. Those caregivers who focus more on mistakes believe that they have contributed to the patient's ongoing problems, which increases the possibility that feelings of guilt may be an antecedent of Emotional Over Involvement behaviour in caregivers of schizophrenia patients. They might consequently behave in an emotionally over-involved way by expressing their feelings of guilt through overstressed emotional responses or protectiveness toward the patient. These guilty attributions of caregivers may be unnecessary (i.e., relatives may well have had nothing to do with the onset or course of illness), but these may be harmful to caregiver's as well as patient's psychological state. **3. Caregivers controlling behavioural factors and expressed emotion** Caregivers who want to control a patient may criticize the patient in an attempt to modify his/her behaviour. It is also feasible that caregivers who want to control a patient may occupy in behaviours characteristic such as overprotective behavior.		

11 minutes	Discuss the management for relapse and expressed emotions.	**Prodromal symptoms [or] Early warning signs of expressed emotions** • **Te**nseness or nervousness • Trouble concentrating • Difficulty sleeping • Social withdrawal • Loss of appetite • Depressed • Seeing friends less **DISCUSS THE MANAGEMENT FOR RELAPSE AND EXPRESSED EMOTIONS.** **Treatment for relapse prevention [for client]** • Sit down with your loved one in a quiet place and gently discuss your concerns. • Watch the signs of relapse. It may be avoiding other people, Getting up late, attempting suicide, etc need to be checked often. • Insist your loved one Take medication as prescribed, by the doctor. • Recognize situations that trigger symptoms, and try to avoid it and help your loved one to reduce exposure towards it. • Involve your loved one to deal with stressful situations effect by taking part in	Discuss the treatment for relapse and expressed emotions.	Listening and observing.

		meditation, anger management and positive thinking. **Relapse prevention strategies** 1: **Be Available and Flexible** Availability and flexibility are the cornerstones of relapse prevention. Patients and their support persons should be able to reach clinicians easily, particularly during evenings and weekends. 2: **Watch for early warning signs Symptoms** Early warning signs are insomnia, tension and nervousness, eating less, difficulty concentrating, social withdrawal, auditory hallucinations, depressed mood, and loss of interest, decreased personal hygiene, and irritability. 3: **Intervene Early intervention** It consists of supportive therapy visits, increased medication as needed, and crisis problem solving. The likely precipitating cause of the early warning signs episode should be identified and addressed through appropriate measures. 4: **Work Closely With Families and Other Supports** Some patients are unable to detect or report the onset of relapse, despite education about early warning signs and considerable personal experience. For such individuals, it is critical to enlist the help of family members and supportive others, including friends, employers, group home counsellors, and day treatment program staff.		

		Other approaches include providing education about schizophrenia, teaching problem solving and communication skills, and developing social networks. **Advantages in prevention of expressed emotion** • Occurrence of relapse will be reduced • Death by suicide or by natural causes will be decreased • Hospital admissions won't be there • Days in hospital will be decreased • Perceived control over illness • **c**hange in behaviour of patient and relatives • Occurrence of offensive behaviour will be reduced • Client participation in social functioning • Significant change in quality of life/satisfaction • Employment status improves • Improves in economic status. **Psychosocial interventions to reduce expressed emotion** **1.**Family engagement in the treatment process 2.Education about schizophrenia –when you have any doubt regarding your loved one illness its aetiology , treatment, prognosis and coping you need to get to know that		

		from the professionals. 3.communication training – you need to undergo this training to improve the communication clarity; in general it provides positive and negative feedback within the family members 4. Problem-solving training directed at improving (Special training with counsellor can be strengthened) o Management of day to day problems and hassles o Management of discrete stressful life events o Generalized problem solving skills. 5.crisis intervention In times of extreme stress involving one or more members of the family when incipient signs of recurrence are evident.		

CONCLUSION:

Caring of a person with schizophrenia is highly challenging and it might result in negative emotional environment in the patient's family. Moreover, this negative family environment causes not only relapse of symptoms and re-hospitalization, but it has significant effect on the course of the disease. The symptoms of patient influence the caregiver's EE and this in turn influence the symptom relapse in patients.

ஆரோக்கியமற்ற நிலை பற்றிய வழிமுறையைப் பற்றிய பாடத்திட்டம்.

தலைப்பு	:	ஆரோக்கியமற்ற நிலை
தொகுதி	:	மனச்சிதைவு நோயாளிகளின் பராமரிப்பாளர்
இடம்	:	ஸ்ரீ கோகுலம் மருத்துவமனை, சேலம்
நேரம்	:	45 நிமிடங்கள்
பயிற்றுவிக்கும் மொழி	:	தமிழ்
பயிற்றுவிக்கும் முறை	:	விரிவுரையுடன் கலந்துரையாடல்
பாட உதவுகோள்	:	திரவப் படிகக் காட்சி

மத்திய நோக்கம் :-

மனச்சிதைவு நோயாளியின் பராமரிப்பாளர், வெளிப்படுத்தப்படும் உணர்ச்சிகள் பற்றிய போதிய அறிவையும, ஆரோக்கியமற்ற நிலையை உண்டாக்கும் காரணிகளை பற்றியும், விரும்பத் தகுந்த அணுகுமுறை அபிவிருத்தி செய்வதைப் பற்றியும் மற்றும் தேவையான திறன்களை பராமரிப்பாளர் விண்ணப்பிக்க நோயாளியின் ஆரோக்கியமற்ற நிலையை தடுப்பதைப் பற்றியும் கற்றுக் கொள்வார்.

குறிப்பிட்ட நோக்கம் :

வகுப்பின் முடிவில் பராமரிப்பாளர்களால் ;

1. மனச்சிதைவு நோயின் பொருள் அறிமுகம்
2. மனச்சிதைவு நோயின் விரிவாக்கம்
3. ஆரோக்கியமற்ற நிலையை தடுப்பதன் நோக்கம்
4. ஆரோக்கியமற்ற நிலையை விளக்குதல்
5. வெளிப்படுத்தினர் உணர்வுகளை வரையறுத்தல்
6. விவரமாக வெளிப்படுத்தினர் உணரச்சியை விளக்குதல்.
7. பின்னடைவு மற்றும் வெளிப்படுத்தினர் உணர்ச்சியின் சிகிச்சை பற்றி விவரித்தல்

நேரம்	குறிப்பிட்ட நோக்கம்	உள்ளடக்கம்	ஆசிரியரின் செயல்பாடு	கற்றுக் கொள்பவரின் செயல்பாடு
1 நிமிடம்	மனச்சிதைவு நோய் பொருள் அறிமுகம்	**முன்னுரை :-** மனச்சிதைவு என்பது கடுமையான மனநோய் . இது தனி மனிதனுக்கு அவனுடைய குடும்பத்திற்கும், சமுதாயத்திற்கும் பிரச்சனை தரக்கூடியது. மனச்சிதைவுக்குக் காரணமான உயிரியல் காரணங்களைப் புரிந்து கொள்வது மிகவும் கடினமானது. சமுதாய காரணிகளே முக்கியமான முடிவை தீர்மானிக்கிறது. மருத்துவமனைக்கு வந்ததற்கு பிறகு , எந்த நோயாளிகள் எல்லாம் வீட்டு சூழ்நிலைக்குத் திரும்புகிறார்களோ அவர்கள் எல்லோரும் அதிகப்படியான ஆரோக்கியமற்ற நிலையை அடைகிறார்கள். வெளிப்படுத்தினர் உணர்ச்சி ஒரு கஷ்டமான குடும்ப சூழ்நிலையில் வெளிப்படுத்தப்படுகிறது. இதில் என்ன எல்லாம் அடங்குகிறது என்றால் பராமரிப்பாளர்கள்மற்றும் குடும்ப உறவினர்களின் நோயாளியின் உரையாடலைப் பொருந்தி உள்ளது. வெளிப்படுத்தினர் உணர்ச்சி மனச்சிதைவு நோயை உண்டாக்கும் ஆரோக்கிமற்ற நிலையைக் கண்டறிவதற்கு ஒருமுன் அடையாளமாக உள்ளது. ஆரோக்கியமற்ற நிலையை உண்டாக்கும் காரணங்களைத் தடுப்பதே மனச்சிதைவு நோய்க்கான கிசிச்சை ஆகும். ஆரோக்கியமற்ற நிலை தனிப்பட்ட மனிதனுக்கு துயரத்தையும் மறுவாழ்வு முயற்சிகளில் குறுக்கிட்டு திரும்பவும் மருத்துவமனைக்கு வர வைக்கும்.	மனச்சிதைவு நோய் பொருள் அறிமுகப் படுத்துதல்	கவனித்தல்

10 நிமிடங்கள்	மனச்சிதைவு நோயின் விரிவாக்கம்	**மனச்சிதைவு நோயை விவரித்தல் :-** **மனச்சிதைவுக்கான காரணங்கள் :-** 1. நரம்பின் மூலமாக உணர்வு கடத்தியில் ஏற்படும் குறைபாடு. அதிக அளவான டோபமின் சுரப்பி, ஏற்றத்தாழ்வான செரடோனின் மற்றும் அசிட்டைல் கோலனைன் மற்றும் காபா. 2. தாய்க்கு கர்ப்ப காலத்தில் ஏற்படும் காய்ச்சல். 3. கர்ப்பகாலம் மற்றும் பிரசவத்தின் போது ஏற்படும் முக்கியமான பின்விளைவுகள் எடுத்துக்காட்டு:- ஆயுதமுறை பிரசவம், இரத்தப்போக்கு, குழந்தை மூச்சு திணறல், நீரிழிவுநோய்,குழந்தையின் உடல்வளர்ச்சி குன்றி இருத்தல். 4. உறவு முறையில் திருமணம் செய்தல். 5. பரம்பரையாக பெற்றோர்களிடம் இருந்து குழந்தைகளுக்கு வருதல். 6. மனக்கவலை. 7. தாயிற்கும், குழந்தைக்கும் ஏற்படும் உறவின்மை. 8. குடும்பத்தில் இரட்டை அர்த்தத்தில் பேசுதல். 9. ஒரு இடத்தில் இருந்து மற்றொரு இடத்திற்கு இடம்பெறுதல். 10. ஏழை குடும்பத்தினரிடம் இருக்கும் ஒழுங்கு முறையற்ற வாழ்கைத்தரம். **அறிகுறிகள் ;-** 1. தனக்குத்தானே பேசிக்கொள்ளுதல். 2. தனக்குத்தானே சிரித்துக்கொள்ளுதல். 3. சம்மதம் இல்லாமல் பேசிக்கொள்ளுதல்.	மனச்சிதைவு நோயை விவரித்தல்	கவனித்தல் மற்றும் பார்த்தல்.

		4. கெட்ட வார்த்தைகள் பேசுதல். 5. ஆக்ரோஷமான நடவடிக்கை. எ.கா. வன்முறையில் ஈடுபடுதல் 6. உணவு எடுத்துக்கொள்ளாமை. 7. தூக்கமின்மை. 8. சமுதாயத்தில் இருந்து விலகி இருத்தல் 9. தன் சுத்தமின்மை 10. வேலைக்குச் செல்லாமல் இருத்தல். 11. ஒரு இடத்தில் நிலை இல்லாமல் இருத்தல். **மருத்துவ சிகிச்சைமுறை :-** நல்ல சிகிச்சை முறைகளில் உள்ள மருந்துகள் மற்றும் உளவியல் சம்பந்தமான சிகிச்சை முறைகள் உங்களுடைய அன்புக்குரியவர்கள், சமுதாய உறுப்பினரிடம் எவ்வாறு பேசிக்கொள்ள வேண்டும் என்றும், மற்றவர்களிடம் சேர்ந்து இருத்தல் பற்றியும், நல்ல பழக்க வழக்கங்கள், நோயின் தடுப்புமுறையைப் பற்றி விளக்கமாக கற்றுக் கொடுக்கப்பார்கள். **நோய் குணமடைதல் கணிப்பு :-** மருத்துவமனைக்கு திரும்ப வருவதால் 10 முதல் 20 வரை உள்ள நோயாளிகளுக்கு மட்டுமே நல்ல முடிவு உள்ளது.		
1நிமிடம்	ஆரோக்கிய மற்ற நிலைதைத் தடுப்பதன் நோக்கம்	**ஆரோக்கியமற்ற நிலையைத் தடுப்பதன் விதிமுறைகள் :-** வியாதியின் தன்மையில் ஆரோக்கியமற்ற நிலை என்பது, கொஞ்ச காலத்திற்கு எந்த விதமான அறிகுறிகளும் இல்லாமல் மறுபடியும் நோயின் அறிகுறிகள் திரும்ப வருதல் எதிர்கால அறிகுறிகளைத் தடுப்பதற்கு முன் எச்சரிக்கையாக பயன்படுத்தும் சிகிச்சை முறை ஆகும்.	ஆரோக்கிய மற்ற நிலையைத் தடுப்பதன் வரைமுறை.	கவனித்தல்.

10 நிமிடங்கள்	ஆரோக்கிய மற்ற நிலையை விளக்குதல்	**ஆரோக்கியமற்ற நிலையை விளக்குதல் :-** **ஆரோக்கியமற்ற நிலையைத் தீர்மானிக்கும் காரணிகள் :-** குறைவான செரடோனின் மற்றும் அதிகப்படியான டோபமின், நார் அட்ரின சைட்டோஜீன்கள் அதிகப்படியான பின்வாங்கு நிலைக்கு காரணமாக உள்ளது. **ஆபத்து காரணிகள் :-** ➪ மன அழுத்த வாழ்க்கை முறை ➪ கட்டாயப்படுத்திய வாழ்க்கை முறை ➪ ஒழுங்காக வழக்கமான வேலை செய்யாதிருத்தல் ➪ போதை மருந்து உபயோகப்படுத்துதல் அல்லது தவறாக பயன்படுத்துதல் ➪ குடும்ப உறுப்பினர்கள் காட்டும் அதிகப்படியான வெளிப்படுத்தினர். உணர்ச்சிகளான திறன்ஆய்வு, விரோதம் அல்லது அதிகப்படியான ஈடுபாடு உணர்ச்சி குறைவான வெளிப்படுத்தினர உணர்ச்சிகளான புரிந்து கொள்ளுதல், அரவணைப்பு இல்லாத நிலை. **ஆரோக்கியமற்ற நிலையை உண்டாக்கும் நேர்மறையான அறிகுறிகள் :-** ➪ மக்களைத் தவிர்ப்பது. ➪ தாமதமாக எழுந்திருத்தல். ➪ மனநிலை குறைந்த நிலை. ➪ மன அழுத்தம் மற்றும் தற்கொலை. ➪ சுய பாதுகாப்புத் திறன் இல்லாமை.	ஆரோக்கிய மற்ற நிலையை விளக்குதல்	கவனித்தல் மற்றும் பார்த்தல்.

1 நிமிடம் 11 நிமிடங்கள்	வெளிப் படுத்தினர் உணர்ச்சிகளை வரையறுத்தல். விபரமாக வெளிப் படுத்தினர் உணர்ச்சியை விளக்குதல்	**வெளிப்படுத்தினர் உணர்ச்சிகளை குறிப்பிடுதல் :-** வெளிப்படுத்தினர் உணர்ச்சி என்பது மனநிலை பாதிக்கப்பட்டவரிடம் பராமரிப்பாளரின் அணுகுமுறை மற்றும் நோயாளிகள் பற்றிய கருத்துகளை கூட இருப்பவர் ே நர்காணலில் சொல்லுவது. **விபரமாக வெளிப்படுததினர் உணர்ச்சியை விளக்குக :-** **வெளிப்படுத்தினர் உணர்ச்சிகளின் காரணிகள்:-** 1.முக்கிய பராமரிப்பாளர்களின் நோயாளியுடன் ஆன நீண்ட நாட்கள் தொடர்பு 2. குறைந்த அளவு நேருக்கு நேரான தொடர்பு 3.குடும்ப சூழ்நிலை **வெளிப்படுத்தினர் உணர்ச்சிகளின் கூறுகள் :-** வெளிப்படுத்தினர் உணர்ச்சிகள் இரண்டு வகைப்படும். அதிக வெளிப்படுத்தினர். உணர்ச்சி மற்றும் குறைந்த வெளிப்படுத்தினர் உணர்ச்சிகள். அதிக வெளிப்படுத்தும் உணர்ச்சிகளான; இழிவான விமர்சன கருத்துகள், அதிக உணர்வுடன் கூடிய ஈடுபாடு ,விரோதம் . குறைந்த வெளிப்பாடு உணர்ச்சிகளான; அரவணைப்பு, புரிந்து கொள்ளுதல் மற்றும் பொறுத்தல். **1. இழிவான விமர்சனக் கருத்துகள் :-** நோயாளி மற்றும் பராமரிப்பாளர் நேரடியாக பேசிக்கொள்ளும் போது கவனமாகக் கண்காணிக்க வேண்டும். உடல் வன்முறை சில முன்னனி மற்றும் உயர் வெளி ப்படுத்தினர் உணர்ச்சிகள் நோயாளிகளில் சில குடும்பங்களில் இயற்கையாக உள்ளது. நோயாளிகளில் காலையில் எழுந்திருக்க முடியாமை, வழக்கமாக சு த்தம் செய்ய தவறுவது அல்லது வீட்டு பணிகளை செய்யவில்லை என்றால் அவர்கள்	வெளிப் படுத்தினர் உணர்ச்சிகளை வரையுறுத்தல். விபரமாக வெளிப் படுத்தினர். உணர்ச்சியை விளக்குதல்.	கவனித்தல். கவனித்தல் மற்றும் பார்த்தல்.

		சோம்பேறி, சுயநலம் உடையவர் என்றும் கூறப்பட்டனர். கவனிப்பாளர்கள் இவை அனைத்தும் மனச்சிதைவு நோயின் எதிர்மறை அறிகுறிகளின் வெளிப்பாடுகளாக இருக்க முடியும் என்று புரிந்து கொள்ளவில்லை (உணர்ச்சி வெளிப்பாடு இல்லாமை,கவனக்குறைவு, உள்நோக்கம் இல்லாமை, தன்னிச்சையாக எந்த வேலையையும் செய்ய முடியாமை மகிழ்ச்சியான நிகழ்ச்சிகளை அனுபவிக்க முடியாத நிலை, சமுதாயத்தில் இருந்து விலகி இருத்தல், பற்றாக்குறையான பேச்சு வெளிப்பாடு அல்லது மற்ற மனநல நோய். **எடுத்துக்காட்டு ;-** குடும்ப பராமரிப்பாளரின் குரலின் அளவு ஒலி தொனி அதிகமாக இருக்கும். அது நோயாளியை சுமையாகவும் அவர்களுடன் வாழ்வது கஷ்டமாக உள்ளதாகவும், நோயாளி அவர்களின் கருத்தை புறக்கணிப்பதாகவும், அவர்களின் அறிவுரையை பின்பற்றுவது இல்லை என்றும் கூறுவார்கள். **2. விரோதம் :-** இது பேட்டியின் போது இருக்கும் அல்லது இருக்காது. இது எதனால் ஏற்படுகிறது என்றால் பராமரிப்பாளரின் சமாளிக்க முடியாத கோபம், எரிச்சல், விமர்சன கருத்துகள். அது நோயாளியை நிராகரிக்க வழிவகுக்கிறது. **எடுத்துக்காட்டு :-** நோயாளி ஆனவர் தனக்குத் தொந்தரவு கொடுப்பதாகவும், நோயாளியிடம் இருந்து விலகி வாழ ஆசைப்படுவதாகவும், நோயாளியைத் திட்டுவதாலும், சீக்கிரம் எரிச்சல் படுவதாலும், நோயாளியால் நோயைக் கட்டுப்படுத்த முடியும் என்றும் அவர் நடிப்பதாகவும் பராமரிப்பாளர் கூறுவார்.		

		3. அதிக உணர்வுடன் கூடிய ஈடுபாடு இது எவ்வாறு வெளிப்படும் என்றால் அளவுக்கு அதிகமான உணர்ச்சி, அதிகமான சுயதியாகம், மற்றும் நோயாளியை அதிகமாக காத்து கொள்ளும் நடத்தை, இந்தச் செயல் நோயாளியின் திறன்கள் மற்றும் சுயசார்புக்கு கஷ்டத்தை விளைவிக்கிறது. இது நோயாளியைப் பராமரிப்பாளரிடம் எப்பொழுதும் சார்ந்து இருக்கச் செய்யும். ஈடுபாடு உணர்ச்சி, பெற்றோர்களில் குறிப்பாக தாய்மார்கள், சில நேரம் அப்பா, எப்பொழுதாவது உறவினர்களால் காட்டப்படுகிறது. **எடுத்துக்காட்டு :-** பராமரிப்பாளர் தன்னைத் தானே குற்றம் சுமத்திக் கொள்வார். எல்லாமே அவரின் தப்பால் நடந்ததாகவும், இரக்கம் காட்டுதல் நோயாளியின் தினசரி வேலையைச் செய்யவிடாது இருத்தல், சுய அலட்சியமாக இருத்தல், தன்னுடைய தேவைகளுக்கு குறைவான முக்கியத்துவம் கொடுத்து நோயாளியின் தேவைக்கு அதிக முக்கியத்துவம் கொடுத்தல். **4. அரவணைப்பு :-** இரக்கம், கவலை மற்றும் அக்கரையின் மூலமாக அளக்கப்படுகிறது.இது பெரும்பாலும் உறவினரின் இரக்கமான அணுகுமுறை மூலம் வெளிப்படுத்தப் படுகிறது. அரவணைப்பு என்பது குறைந்த வெளிப்படுத்தப்படும் உணர்ச்சியின் குணநலன் ஆகும். **எடுத்துக்காட்டு :-** நோயாளி எல்லோரிடமும் சேர்ந்து செல்வதாகவும், அவருக்கு அதிக உணர்ச்சி இருப்பதாகவும், எளிதாக எல்லோரிடமும் சேர்வதாகவும் பராமரிப்பாளர் கூறுவார் **5. நேர்மறை சம்பந்தமாக :-**		

		நேர்மறையைக் குறித்து பாராட்டுவது அல்லது நோயாளியின் நடத்தைகளுக்கு ஆதரவு அளித்தல் மற்றும் பராமரிப்பாளரின் வாய்மொழி,செயல்கள் மூலமாக உற்சாகாதப்படுத்துதல் **எடுத்துக்காட்டு :-** குடும்ப உறுப்பினர் நோயாளியானவர் தங்களுடன் அதிக நெருக்கமாக இருப்பதாகவும், நோயாளியின் சிறிய முயற்சியைக் கூட பாராட்டுதல் மேலும் நோயாளியை நம்பிக்கையுடன் வைக்க முடியும் என்றும் அவருடன் சந்தோஷமாக இருப்பதாகவும் பராமரிப்பாளர்கள் கூறுவர் **வெளிப்படுத்தினர் உணர்ச்சி தொடர்புடைய பராமரிப்பாளர்களின் காரணிகள் :-** **1. பராமரிப்பாளர்களின் ஆளுமை காரணிகள் மற்றும் வெளிப்படுத்தினர் உணர்ச்சி ;-** அதிகப்படியான வெளிப்படுத்தினர் உணர்ச்சி குறைந்த திருப்தியை தனிப்பட்ட மனிதருக்கு தருகிறது. அவர்களின் எதிர்காலம் பற்றிய நம்பிக்கை குறைகிறதுமற்றும் குறைந்த வெளிப்படுத்தினர் உணர்ச்சியுடைய பராமரிப்பாளருடன் ஒப்பிடும் போது இவர்களுக்கு சுயதிறன் குறைகிறது. மேலும்அதிக வெளிப்படுத்தினர் உணர்ச்சியுடை பராமரிப்பாளர்களுடன் ஒப்பிடும்போது குறைவான இரக்கம் உடையவராகவும் பொறுமை இல்லாதவராகவும் உள்ளார். **2. வெளிப்படுத்தினர் உணர்வு பராமரிப்பாளர்களுக்கு பண்பு காரணிகள் ;-** உயர் விமர்சன பராமரிப்பாளர்கள் நோயாளியால் தங்கள் நோயின் அறிகுறியைக் கட்டுப்பாட்டுக்குள் வைத்திருக்க முடியும் என்று நம்புவார்கள். பராமரிப்பாளர்களில் யாரெல்லாம் நோயாளியின் தவறின் மீது அதிக கவனம் செலுத்துகிறார்களோ அவர்கள் உணர்ச்சியின் மீது ஈடுபாடு நடத்தையை அதிகரிப்பார்கள். **3. பராமரிப்பாளர்களின் கட்டுப்படுத்தும் நடத்தை காரணிகள்**		

11 நிமிடங்கள்	ஆரோக்கிய மற்ற நிலை மற்றும் வெளிப் படுத்தினர் உணர்ச்சியின் சிகிச்சை பற்றி விவரித்தல்	**மற்றும் வெளிப்படுத்தினர் உணர்ச்சி ;-** பராமரிப்பாளர் யாரெல்லாம் நோயாளியை கட்டுப்படுத்த வேண்டும் என்று நினைக்கிறார்களோ அவர்கள் நோயாளியை திட்டி அதன் மூலம் நோயாளியின் நடத்தையை மாற்றலாம் என்று நினைப்பர். **வெளிப்படுத்தினர் உணர்ச்சியின் ஆரம்ப எச்சரிக்கை அறிகுறிகள் :-** ➪ பதட்டம் ➪ கவனம் செலுத்துவதில் கஷ்டப்படுதல் ➪ சமுதாயத்தில் இருந்து விலகுதல் ➪ பசியின்மை ➪ நண்பர்களை குறைவாக பார்த்தல் ➪ மன அழுத்தம் **ஆரோக்கியமற்ற நிலை மற்றும் வெளிப்படுத்தினர் உணர்ச்சியின் சிகிச்சை பற்றி விவரித்தல் :-** **ஆரோக்கியமற்ற நிலையைத் தடுக்கும் சிகிச்சை முறை :-** • உங்களது அன்புக்கு உரியவர்களுடன் அமைதியான இடத்தில் அமர்ந்து உங்களது அன்பு, அக்கரைப் பற்றி பேசுதல். • ஆரோக்கியமற்ற நிலையின் அறிகுறிகளை அடிக்கடி கவனிக்கவும் இது அடுத்தவர்களைத் தவிர்த்தல், தாமதமாக எழுந்திருத்தல், தற்கொலை செய்யும் முயற்சியாகும். • உங்களது அன்புக்கு உரியவர்களை மருத்துவர் கூறியபடி மருந்து	விவரமாக சிகிச்சை பற்றி விவரித்தல்	கவனித்தல் மற்றும் பார்த்தல்.

		எடுக்க வற்புறுத்தல். • நோயின் அறிகுறிகளைத் தூண்டக்கூடிய சூழ்நிலைகளை அடையாளம் கண்டு அதனைத் தவிர்க்கவும், மேலும் உங்கள் அன்புக்கு உரியவர்களை தேவையற்ற சூழ்நிலைக்கு வழிகாட்டுவதைத் தவிர்க்கவும் • உங்களின் அன்புக்குரியவர்களின் மனஅழுத்தத்தைக் குறைக்க அவர்களைத் தியானம், கோப சமாளிப்பு மற்றும் நேர்மறை சிந்தனை ஆகியவற்றில் பங்குகொள்ள செய்யவும். **ஆரோக்கியமற்ற நிலையை உண்டாக்கும் காரணங்களைத் தடுக்கும் வழிமுறைகள்** : **1. பக்கத்தில் உறுதுணையாக இருத்தல்** நோயாளியும் அவர்களைச் சார்ந்தவர்களும் மாலை நேரத்திலும் வாரத்தில் கடைசி நாள்களிலும் பார்த்து உறுதுணையாக இருக்க வேண்டும். **2. ஆரம்ப அறிகுறிகளைக் கவனித்தல் :-** ஆரம்ப அறிகுறிகளான தூக்கமின்மை, பதட்டம், தடுமாற்றம், குறைவாக சாப்பிடுதல், கவனம் செலுத்துவதில் கஷ்டப்படுதல் சமுதாயத்தில் இருந்து விலகி இருத்தல், மன அழுத்தம், தன் காதுக்குள் யாரோ பேசுவது போல் இருத்தல். ஆர்வம் இல்லாமை, சுயசுத்தம் குறைவாக இருத்தல், எரிச்சல் படுதல். **3.வெகு சீக்கிர சிகிச்சை முறை :-** இதில் அடங்குவது என்னவென்றால் ஆதரவு சிகிச்சை முறை, தேவையான அதிகப்படியான மருந்துகள் மேலும் கஷ்டமான பிரச்சனைகளைத் தீர்த்தல் வெகு சீக்கிர அறிகுறிகளை அறிந்து அதற்கு தேவையான முறையைக் கையாளுதல்.		

		4. குடும்பத்தினர் மற்றும் பிற ஆதரவாளர்களுடன் நெருக்கமான வேலை :- சில நோயாளிகள் ஆரோக்கியமற்ற நிலையை உண்டாக்கும் அறிகுறிகளைக் கண்டு பிடிக்க முடியாமலும் சொல்லத் தெரியாமலும் இருப்பர். அந்த மாதிரி நபர்களுக்கு குடும்ப உறுப்பினர்கள், தோழர்கள், பணியாற்றுபவர்கள், குடும்ப ஆலோசகர் உதவி செய்ய வேண்டும். **5. வெளிப்படுத்தினர் உணர்ச்சிகளைத் தடுப்பதால் ஏற்படும் நன்மைகள் :-** ⇨ ஆரோக்கியமற்ற நிலை குறையும் ⇨ தற்கொலை மூலம் மரணம் குறையும் ⇨ மருத்துவமனையின் சேர்க்கை குறையும் ⇨ நோயின் மீது கட்டுப்பாடு இருக்கும் ⇨ நோயாளி மற்றும் உறவினர்களின் நடத்தையில் மாற்றம் ஏற்படும் ⇨ நோயாளி சமுதாய விழாவில் பங்கு கொள்வார் ⇨ வாழ்க்கை நிலையில் திருப்திகர மாற்றத்தை உண்டாக்கும். ⇨ ஒழுங்கற்ற நடத்தை குறையும் ⇨ வேலை வாய்ப்பு நிலையில் முன்னேற்றம் ⇨ பொருளாதார நிலையில் முன்னேற்றம் **வெளிப்படுத்தினர் உணர்ச்சியைக் குறைக்க உளவியல் சிகிச்சை முறைகள்** **1. சிகிச்சை முறையில் குடும்பத்தினரின் பங்கேற்பு.** **2. மன அழுத்தம் பற்றியப்படிப்பு.**		

		எப்பொழுதெல்லாம் உங்களுக்கு உங்களின் அன்புக்கு உரியவர்களின் நோய் காரணிகள், சிகிச்சை முறைப்பற்றி சந்தேகம் வருகிறதோ அப்பொழுது மருத்துவரிடம் கேளுங்கள். **3. உரையாடல் பயிற்சி:-** ⇨ நீங்கள் உரையாடலை அதிகரித்த இந்தப் பயிற்சியை மேற்கொள்ள வேண்டும். ⇨ பொதுவாக இது குடும்ப உறுப்பினர்களில் உள்ள நேர்மறை மற்றும் எதிர்மறை எதிரொலியைக் குறிப்பிடுகிறது. **4. பிரச்சனையைத் தீர்ப்பதற்கான பயிற்சி ;-** ⇨ ஆலோசகரைக் கொண்டு சிறப்பு பயிற்சியைப் பலப்படுத்துதல். ⇨ நாள்தோறும் பிரச்சனைகளைச் சமாளித்தல். ⇨ தனி இறுக்கமான வாழ்க்கை நிகழ்வுகளைச் சமாளித்தல். ⇨ பொதுவான பிரச்சனைகளைத் தீர்த்தல். **5.நெருக்கடி தலையீடு** எந்தச் சமயத்தில்லாவது தீவிர மன அழுத்தம் ஏற்படும் போது குடும்பத்தின் ஒன்று அல்லது அதற்கு மேற்பட்ட உறுப்பிர்களிடம் அறிகுறிகள் இருக்கும்.		

முடிவுரை :-

மனச்சிதைவு நோயாளியைக் கவனித்துக் கொள்வதால் அதிக கஷ்டத்தையும் எதிர்மறை உணர்ச்சி சூழ் நிலையையும் நோயாளியின் குடும்பத்தில் ஏற்படுத்தும். மேலும் இந்த எதிர்மறை குடும்ப சூழல் அறிகுறிகள் மருத்துவமனைக்குத் திரும்ப வருவதையும் ஆரோக்கியமற்ற நிலையையும் ஏற்படுத்துக்கின்றன. மற்றும் கணிசமான நோயின் தாக்கத்தையும் உருவாக்குகின்றது.

ANNEXURE – F

CERTIFICATE OF VALIDATION

This is to certify that the tool developed by **Ms. Sahaya Vivitha A,** Final year M.Sc. Nursing student of Sri Gokulam college of Nursing, Salem (Affiliated to The Tamil Nadu Dr. M.G.R Medical University) is validated and can proceed with this tool and content for the main study entitled **"A Study to Evaluate the Effectiveness of Structured Teaching Programme on Expressed Emotions and Knowledge regarding Relapse Prevention among Caregivers of Patients with Schizophrenia in a Selected Hospital, Salem"**

Signature:

Name and Designation:

Date:

ANNEXURE - G

LIST OF EXPERTS

1. **Dr.C.Babu.MD,**

   Specialist in Deaddition and Child Psychiatry'

   Consultant psychiatrist,

   Sri Gokulam Hospital, Salem.

2. **Dr. Babu Rangarajan, M.Sc(Psy), M.Phill(PSY)(Child.Psy)., PGDM (CPG), IDGC**

   Child & Clinical Psychologist,

   Neuro Foundation, Salem.

3. **Mrs.R.Naganandini, M.Sc(N),**

   Principal,

   Dhanalaskhmi Srinivasa College of Nursing,

   Perambalur-12.

4. **Mrs.R.Sreevani, M.Sc (N),**

   Professor and HOD Department of Psychiatric Nursing,

   Sri Devaraj URS College of Nursing, Kolar.

5. **Mr.P.Selva Raj, M.Sc (N)**

   HOD, Psychiatric Nursing Dept,

   Shamuga College of Nursing,

   Salem.

6. **Mrs. Meera. Saravanan, M.Sc (N),**

   Associate Professor, Mental Health Nursing,

   PSG College of Nursing,

   Coimbatore.

7. **Ms.Devi Arul, M.sc (N),**

   Associate Professor, Mental Health nursing,

   Shanmuga College of Nursing,Salem.

CERTIFICATE OF VALIDATION

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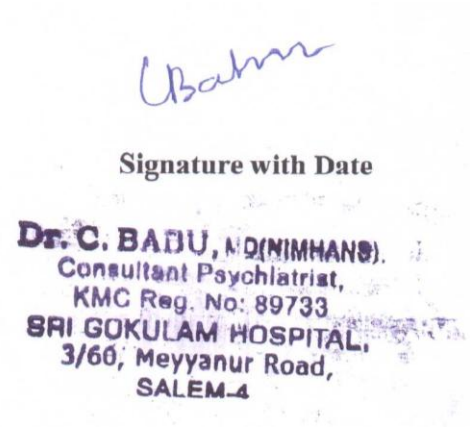

CERTIFICATE OF VALIDATION

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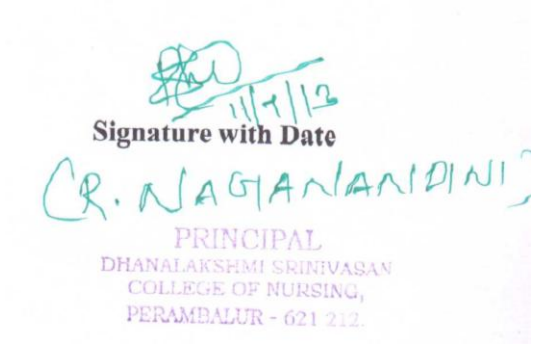
09/07/2013

Signature with Date

Dr. BABU RANGARAJAN
M.Sc(Psy). M.Phil (Psy) (Chi. Psy).,
PGDPM (CPC)., IDGC (NCERT, New Delhi)
Child & Clinical Psychologist
மனோதத்துவ நிபுணர் Rel. CRR No: A 19151

CERTIFICATE OF VALIDATION

This is to certify that the tool developed by **Ms. Sahaya Vivitha A,** Final year M.Sc. Nursing student of Sri Gokulam college of Nursing, Salem (Affiliated to The Tamil Nadu Dr. M.G.R Medical University) is validated and can proceed with this tool and content for the main study entitled **"A Study to Evaluate the Effectiveness of Structured Teaching Programme on Expressed Emotions and Knowledge regarding Relapse Prevention among Caregivers of Patients with Schizophrenia in a Selected Hospital, Salem"**



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Signature with Date

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5/7/13

Signature with Date

Head of the Department
Dept. of Mental Health Nursing,
Shanmuga College of Nursing.
Salem - 636 007.

CERTIFICATE OF VALIDATION

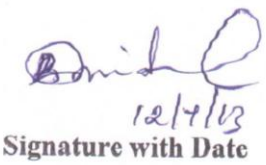
This is to certify that the tool developed by **Ms. Sahaya Vivitha A,** Final year M.Sc. Nursing student of Sri Gokulam college of Nursing, Salem (Affiliated to The Tamil Nadu Dr. M.G.R Medical University) is validated and can proceed with this tool and content for the main study entitled **"A Study to Evaluate the Effectiveness of Structured Teaching Programme on Expressed Emotions and Knowledge regarding Relapse Prevention among Caregivers of Patients with Schizophrenia in a Selected Hospital, Salem"**

18/07/13

Signature with Date

CERTIFICATE OF VALIDATION

This is to certify that the tool developed by **Ms. Sahaya Vivitha A,** Final year M.Sc. Nursing student of Sri Gokulam college of Nursing, Salem (Affiliated to The Tamil Nadu Dr. M.G.R Medical University) is validated and can proceed with this tool and content for the main study entitled **"A Study to Evaluate the Effectiveness of Structured Teaching Programme on Expressed Emotions and Knowledge regarding Relapse Prevention among Caregivers of Patients with Schizophrenia in a Selected Hospital, Salem"**



Signature with Date

ANNEXURE – H

CERTIFICATE OF EDITING

TO WHOMSOEVER IT MAY CONCERN

Certified that the dissertation paper titled **"A Study to Evaluate the Effectiveness of Structured Teaching Programme on Expressed Emotions and Knowledge regarding Relapse Prevention among Caregivers of Patients with Schizophrenia in a Selected Hospital, Salem"** by Ms.Sahaya Vivitha.A, it has been checked for accuracy and correctness of English language used and that the language used in presenting the paper is lucid, unambiguous free of grammatical or spelling errors and apt for the purpose.

Signature:

Name and Designation: A. Mary Manjula Rose
Asst - Prof in English.
M.A, M.Ed, M.Phil
S.T. Hindu College of Education

Date: 30-12-2013.

HINDU COLLEGE OF EDUCATION
NAGERCOIL-2
S.T.S

CERTIFICATE OF EDITING

TO WHOMSOEVER IT MAY CONCERN

Certified that the dissertation paper titled **"A Study to Evaluate the Effectiveness of Structured Teaching Programme on Expressed Emotions and Knowledge regarding Relapse Prevention among Caregivers of Patients with Schizophrenia in a Selected Hospital, Salem"** by Ms.Sahaya Vivitha.A, it has been checked for accuracy and correctness of Tamil language used and that the language used in presenting the paper is lucid, unambiguous free of grammatical or spelling errors and apt for the purpose.

Signature:

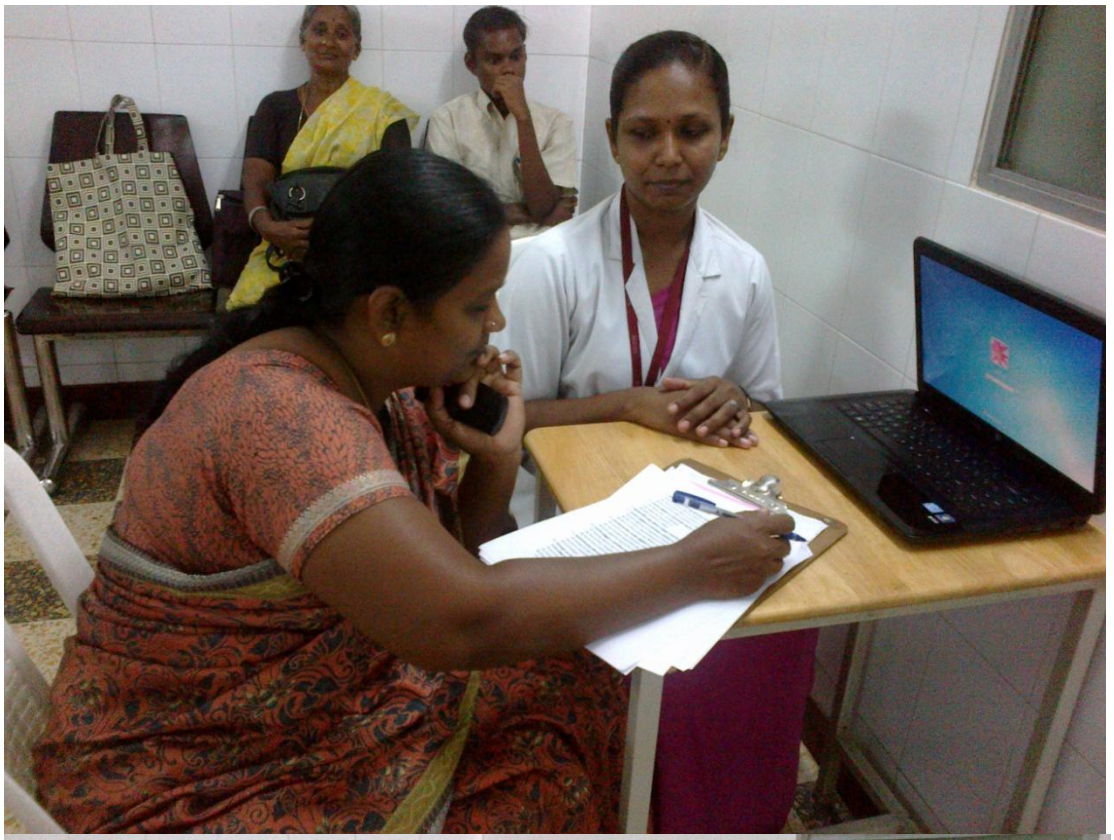
Name and Designation: Dr. N. KRISHNAN
Associate Professor

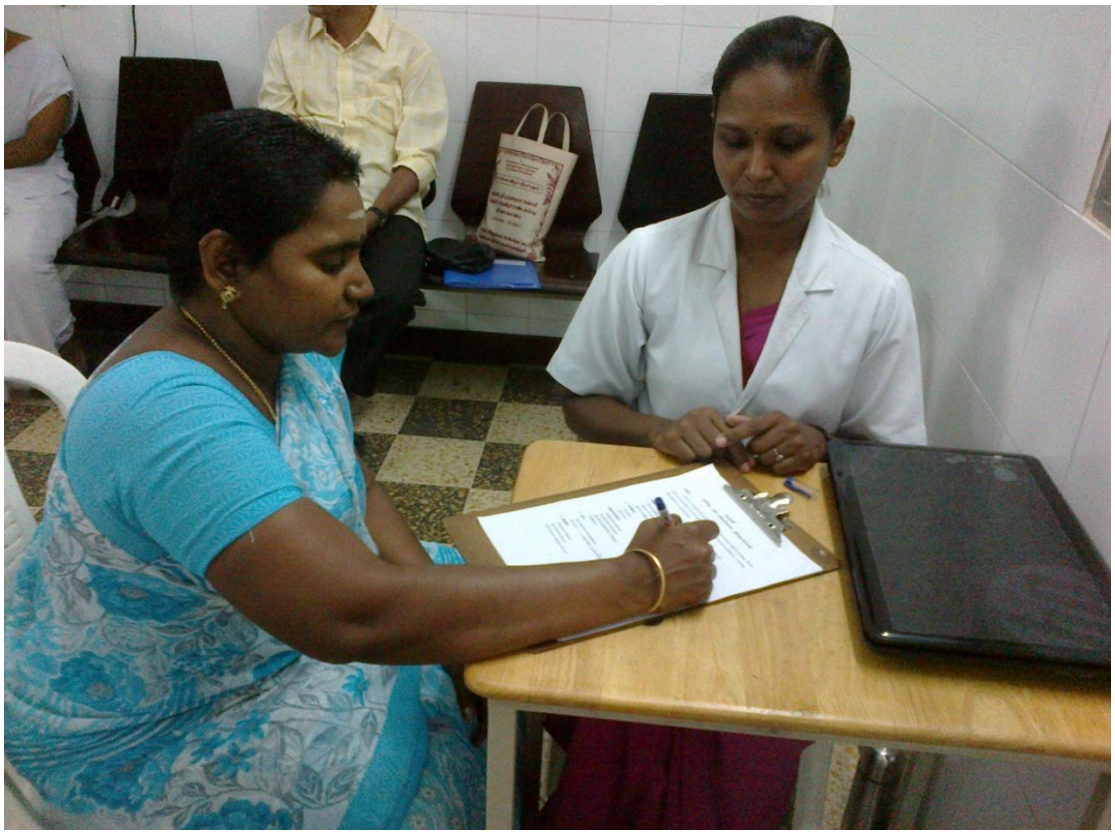
Date: 30-12-13

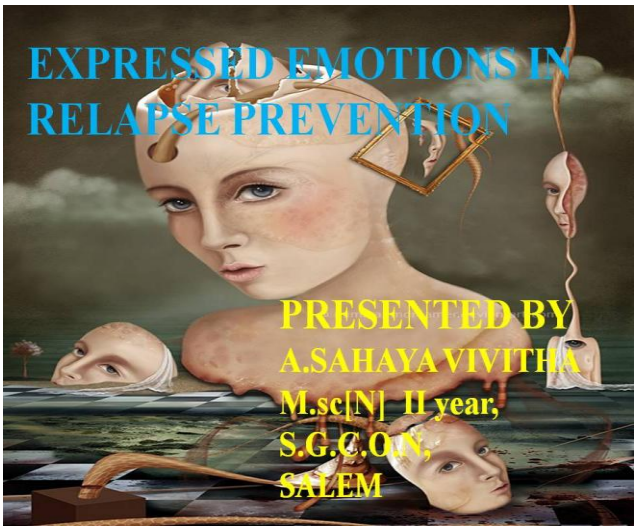
Dr. N. KRISHNAN, M.A.,Ph.D.
Research Co-ordinator (Humanities)
S. T. Hindu College
Nagercoil-629 002

ANNEXURE - I

PHOTOS







INTRODUCTION

Schizophrenia is a serious mental illness .

Expressed emotion interaction ,relationships .

Relapse prevention is a primary goal in the treatment of schizophrenia

AETIOLOGY FOR SCHIZOPHRENIA

- Imbalance in Neurotransmitter levels
- Maternal influenza

- Complications of pregnancy, during labour and delivery.

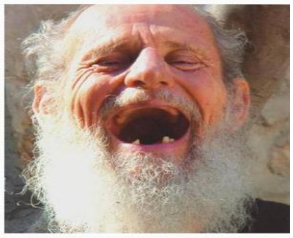
- Stressful situation
- Poor mother and child relationship.

- Double bind communication
- High social mobility.
- Disorganization among the members of very low social classes.

- Double bind communication
- High social mobility.
- Disorganization among the members of very low social classes.

SIGNS AND SYMPTOMS

- Talking to self



- Laughing to self

- Assaultive behaviour

- Not sleeping

- Social withdrawal

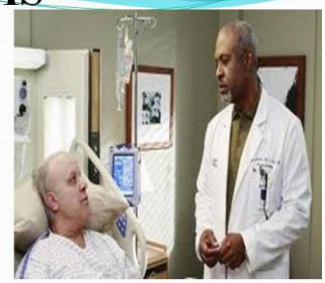
- Poor self care & hygiene

- Irrelevant talk
- Not taking food
- Using Abusive words
- Occupational dysfunction
- Wandering tendencies

TREATMENT

- Drugs
- Psycho social interventions.
- Education.

PROGNOSIS



Only about 10 to 20% of patients can be described as having a good outcome, with repeated hospitalization.

DEFINITION FOR RELAPSE PREVENTION

In the course of disease, relapse is a return back of symptoms after a period of time when no symptoms are present. Any treatments applied in advance to prevent future symptoms are known as relapse prevention.

RISK FACTORS FOR RELAPSE

- Stressful life
- A lack of social, family and community support .

- Lack of regular routines

- Substance use or abuse
- High levels of expressed emotions

POSITIVE SYMPTOMS OF RELAPSE

- Avoiding other people

- Getting up late

- Depression and suicide
- lack of self care competency

DEFINITION FOR EXPRESSED EMOTION

Expressed emotion (EE) refers to care giver's attitude towards a person with a mental disorder as reflected by comments about the patient made to an interviewer

CAUSES OF EXPRESSED EMOTION

- Prolonged contact of patients with the critical caregivers.
- Reduced face to face contact.
- Expressed emotion home environment

COMPONENTS OF EXPRESSED EMOTION

- High EE is critical comments, emotional over involvement, hostility.
- Low EE is warmth, positive regard and tolerance

1. CRITICAL COMMENTS

This lead to physical violence and it is the nature of some families with high EE. Patients who are unable to get up in the morning, who fail to wash regularly, or who do not participate in household tasks are criticized for being lazy and selfish; unfortunately, the caregivers fail to understand that these could be potential manifestations of negative symptoms of schizophrenia (affective flattening, attention impairment, avolition, lack of initiative, inability to experience pleasure, social withdrawal, and lack of speech output) or any other psychotic disorder

Examples:

Family caregiver may express in an increased volume, tone, that patient frustrates them, deliberately causes problems for them, family members feel burden of patient, living with him is difficult, commenting that patient is ignoring or not following their advices.

2. HOSTILITY

It is scored as being absent or present during the interview and it is a consequence of unmanageable anger and irritation followed by critical comments and leads to rejection of the patient. Hostility is expressed by general criticisms or attitudes that are rejecting of the patient.

Examples:

Caregivers state that patient causing problems for them, wishing to live away from the patient, shouting at the patient, easily getting angry and getting irritation, patient can control himself, he is acting .

3. EMOTIONAL OVER INVOLVEMENT (EOI)

EOI manifests itself by over-emotionality, excessive self-sacrifice, over-identification, and extreme overprotective behaviour with the patient. By chance this has the effect of discouraging the person's skills and self-reliance, over protectiveness hampers the person's recovery. It also leads to dependence of the patient on their caregiver. The patient then becomes worried about the outlook of having to cope without the continuous support of their caregiver and becomes dependent. This EOI is most commonly shown by parents, especially mothers, and occasionally by fathers, but rarely by other relatives .

Examples:

Caregivers blame themselves for everything, feeling like everything is their fault; showing pity, not allowing the patient to carry out his day-to-day activities, neglecting self, giving less important personal needs rather than patient needs.

4. WARMTH

It is assessed based on kindness, concern, and empathy expressed by the caregiver while talking about the patient. It depends greatly on vocal qualities with smiling being a common accompaniment, which often conveys an empathic attitude by the relative. Warmth is a significant characteristic of the low EE family.

Examples: Caregivers state that patient tries to get along with everyone, he makes a lot of sense, he is easy to get along with, and it is good to have him around, patient's behavior is appropriate since it is not his/her pre-morbid self.

5. POSITIVE REGARD

Positive regard comprises of statements that express appreciation or support for patient's behaviour and verbal/nonverbal reinforcement by the caregiver.

Examples: Family states that they feel very close to the patient, they appreciate patient's little efforts or initiation in his day to day functioning, they state that they can cope with the patient and enjoy being with him/her

PRODROMAL SYMPTOMS [OR]EARLY WARNING SIGNS OF EXPRESSED EMOTIONS

- **Te**nseness or nervousness
- Trouble concentrating

- Difficulty sleeping
- Social withdrawal
- Loss of appetite

- Depressed
- Seeing friends less

TREATMENT FOR RELAPSE PREVENTION [FOR CLIENT]

- Sit down with your loved one.
- Watch the signs of relapse.
- Take medication as prescribed.
- Recognize situations that trigger symptoms.
- Taking part in meditation, anger management and positive thinking .

RELAPSE PREVENTION STRATEGIES

1: Be Available and Flexible.

2: Watch for early warning signs Symptoms.

3: Intervene Early intervention.

4: Work Closely With Families and Other Supports

ADVANTAGES IN PREVENTION OF EXPRESSED EMOTION

- Occurrence of relapse will be reduced.
- Death by suicide or by natural causes will be decreased.
- Hospital admission/s won't be there.
- Days in hospital will be decreased.
- Perceived control over illness.

- Change in behavior of patient and relatives.
- Occurrence of offensive behavior will be reduced.
- Client participate in social functioning.
- Significant change in quality of life/satisfaction .
- Employment status improves.
- Improves in economic status .

PSYCHOSOCIAL INTERVENTIONS TO REDUCE EXPRESSED EMOTION

1.Family engagement in the treatment process.

2.Education about schizophrenia

3.communication training .

4. Problem-solving training.

5.crisis intervention


Thank you!

வெளிப்படுத்தினர் உணர்ச்சிகள் மூலம் ஆரோக்கியமற்ற நிலையை தடுக்கும் வழிமுறைகள்

அ.சாகய விவிதா
M.SC இரண்டாம் ஆண்டு செவிலியர் மாணவி
ஸ்ரீ கோகுலம் செவிலியர் கல்லூரி
சேலம்

முன்னுரை

- மனச்சிதைவு என்பது கடுமையான மனநோய் .
- தனி மனிதனுக்கும், அவனுடையகுடும்பத்திற்கும், சமுதாயத்திற்கும் பிரச்சினை தரக்கூடியது.
- மருத்துவமனைக்கு வந்தற்கு பிறகு, எந்த நோயாளிகள் எல்லாம் வீட்டு சூழ்நிலைக்குத் திரும்புகிறார்களோ அவர்கள் எல்லோரும் அதிகபடியான ஆரோக்கியமற்ற நிலையை அடைகிறார்கள்.

- வெளிப்படுத்தினர் உணர்ச்சி ஒரு கஷ்டமான குடும்ப சூழ்நிலையில் வெளிப்படுத்தப்படுகிறது.
- ஆரோக்கியமற்ற நிலையை உண்டாக்கும் காரணங்களைகளை தடுப்பதே மனசிதைவு நோய்க்கான கிசிச்சைஆகும்.
- ஆரோக்கியமற்ற நிலை தனிப்பட்ட மனிதனுக்கு துயரத்தையும் மறுவாழ்வு முயற்சிகளில் குறுக்கிட்டு திரும்பவும் மருத்துவமனைக்கு வர வைக்கும்.

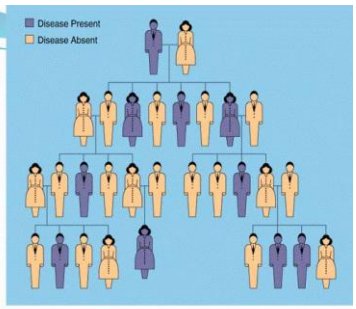
மனச்சிதைவுக்கான காரணங்கள்

நரம்பின் மூலமாக உணர்வு கடத்தியில் ஏற்படும் குறைபாடு

தாய்க்கு கர்ப்ப காலத்தில் ஏற்படும் காய்ச்சல்.

கற்பகாலம் மற்றும் பிரசவத்தின் போது ஏற்படும் பின்விளைவுகள்

உறவு முறையில் திருமணம் செய்தல்.



பரம்பரையாக பெற்றோர்களிடம் இருந்து குழந்தைகளுக்கு வருதல்.

மனக்கவலை.

தாயிற்க்கும், குழந்தைக்கு ஏற்படும் உறவின்மை.

- குடும்பத்தில் இரட்டை அர்த்தத்தில் பேசுதல்.
- ஒரு இடத்தில் இருந்து மற்றொரு இடத்திற்கு இடம்பெறுதல்.
- ஏழை குடும்பத்தினரிடம் இருக்கும் ஒழுங்கு முறையற்ற வாழ்கைத்தரம்.

அறிகுறிகள்

தனக்குத் தானே பேசிக்கொள்ளுதல்.

தனக்குத் தானே சிரித்துக் கொள்ளுதல்.

ஆக்ரோஷமான நடவடிக்கை.

தூக்கமின்மை.

சமுதாயத்தில் இருந்து விலகி கொள்ளுதல்.

தன் சுத்தமின்மை

- சம்மதம் இல்லாமல் பேசிக்கொள்ளுதல்.
- கெட்ட வார்த்தைகள் பேசுதல்.
- உணவு எடுத்துக்கொள்ளாமை.
- வேலைக்கு செல்லாமல் இருத்தல்.
- ஒரு இடத்தில் நிலை இல்லாமல் இருத்தல்.

மருத்துவ சிகிச்சைமுறை

மருந்துகள் மற்றும் உளவியல் சம்மதமான சிகிச்சை முறைகள்.

உங்களுடைய அன்புக்குரியவர்கள், சமுதாய உறுப்பினரிடம் எவ்வாறு பேசிக்கொள்ள வேண்டும் என்று, மற்றவர்களிடம் சேர்ந்து இருத்தல் பற்றியும், நல்ல பழக்க வழக்கங்கள், நோயின் தடுப்புமுறை திரும்ப வராமல் இருத்தல் பற்றியும் விளக்கமாக கற்றுக் கொடுக்கப்படுவார்கள்.

நோய் குணமடைதல் கணிப்பு

மருத்துவமனைக்கு திரும்ப வருவதால் 10 முதல் 20 வரை உள்ள நோயாளிகளுக்கு மட்டுமே நல்ல முடிவு உள்ளது.

ஆரோக்கியமற்ற நிலையை தடுப்பதன் விதிமுறைகள்

ஆரோக்கியமற்ற நிலை என்பது கொஞ்ச காலத்திற்கு எந்த அறிகுறிகளும் இல்லாமல் மறுபடியும் நோயின் அறிகுறிகள் திரும்ப வருதல். எதிர்கால அறிகுறிகளை தடுப்பதற்கு முன் எச்சரிக்கையாக உபயோகிக்கும், சிகிச்சை முறைகளே ஆரோக்கியமற்ற நிலையை தடுப்பதன் விதிமுறைகள் ஆகும் .

ஆபத்து காரணிகள்

மன அழுத்த வாழ்க்கை முறை



ஒழுங்காக வழக்கமான வேலை செய்யாதிருத்தல்


போதை மருந்து உபயோகப்படுத்துதல் அல்லது தவறாக பயன்படுத்துதல்

குடும்ப உறுப்பினர்கள் காட்டும்

அதிகப்படியான வெளிப்படுத்தினர் உணர்ச்சிகளான;

இழிவான விமர்ச்சன கருத்துகள், விரோதம் அல்லது அதிகப்படியான ஈடுபாடு உணர்ச்சி.

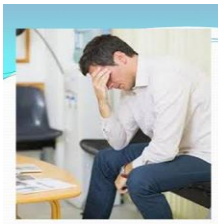
குறைவான வெளிப்படுத்தினர் உணர்ச்சிகளான;

புரிந்து கொள்ளுதல், அரவணைப்பு இல்லாத நிலை.

ஆரோக்கியமற்ற நிலையை உண்டாக்கும் நேர்மறையான அறிகுறிகள்

மக்களை தவிர்ப்பது

தாமதமாக எழுந்திருத்தல்.



மனநிலை குறைந்த நிலை.

தற்கொலை.

சுய பாதுகாப்பு திறன் இல்லாமை.

வெளிப்படுத்தினர் உணர்ச்சிகளை குறிப்பிடுதல்

வெளிப்படுத்தினர் உணர்ச்சி என்பது மனநிலை பாதிக்கப்பட்டவரிடம் பராமரிப்பாளரின் அணுகுமுறை மற்றும் நோயாளிகளின் பற்றிய கருத்துகளை கூட இருப்பவர் நேர்காணலில் சொல்லுவது.

வெளிப்படுத்தினர் உணர்ச்சிகளின் காரணிகள்

1. குடும்ப சூழ்நிலை
2. முக்கிய பராமரிப்பாளர்களின் நோயாளியுடன் ஆன நீண்ட நாட்கள் தொடர்பு
3. குறைந்த அளவு நேருக்கு நேரான தொடர்பு

வெளிப்படுத்தினர் உணர்ச்சிகளின் கூறுகள்

வெளிப்படுத்தினர் உணர்ச்சிகள் இரண்டு வகைப்படும். அதிக வெளிப்படுத்தினர் உணர்ச்சி மற்றும் குறைந்த வெளிப்படுத்தினர் உணர்ச்சிகள்.

1. அதிக வெளிப்படுத்தும் உணர்ச்சிகளான;

இழிவான விமர்ச்சன கருத்துகள், அதிக உணர்வுடன் கூடிய ஈடுபாடு ,பகைமை.

2. குறைந்த வெளிப்பாடு உணர்ச்சிகளான;

அரவணைப்பு, புரிந்துக் கொள்ளுதல் மற்றும் பொறுத்தல்.

இழிவான விமர்சனக் கருத்துகள்

நோயாளிகளில் காலையில் எழுந்திருக்க முடியாமை, வழக்கமாக சுத்தம் செய்ய தவறுவது அல்லது வீட்டு பணிகளை செய்யவில்லை என்றால் அவர்கள் சோம்பேறி, சுயநலம் உடையவர் என்றும் கூறப்பட்டனர். கவனிப்பாளர்கள் இவை அனைத்தும் மனச்சிதைவு நோயின் எதிர்மறை அறிகுறிகளின் வெளிப்பாடுகளாக இருக்க முடியும் என்று புரிந்து கொள்ளவில்லை (உணர்ச்சி வெளிப்பாடு இல்லாமை,கவனக்குறைவு, உள்நோக்கம் இல்லாமை, தன்னிச்சையாக எந்த வேலையையும் செய்ய முடியாமை மகிழ்ச்சியான நிகழ்ச்சிகளை அனுபவிக்க முடியாத நிலை, சமுதாயத்தில் இருந்து விலகி இருத்தல், பற்றாக்குறையான பேச்சு வெளிப்பாடு)
அல்லது மற்ற மனநல நோய்.

எடுத்துக்காட்டு;–

குடும்ப பராமரிப்பாளரின் குரலின் அளவு, ஒலி ,தொனி அதிகமாக இருக்கும். அது நோயாளியை சுமையாகவும் அவர்களுடன் வாழ்வது கஷ்டமாக உள்ளதாகவும், நோயாளி அவர்களின் கருத்தை புறக்கணிப்பதாகவும், அவர்களின் அறிவுரையை பின்பற்றுவது இல்லை என்றும் கூறுவார்கள்.

அதிக உணர்வுடன் கூடிய ஈடுபாடு

இது எவ்வாறு வெளிப்படும் என்றால் அளவுக்கு அதிகமான உணர்ச்சி, அதிகமான சுயதியாகம், மற்றும் நோயாளியை அதிகமாக காத்து கொள்ளும் நடத்தை, இந்த செயல் நோயாளியின் திறன்கள் மற்றும் சுயசார்புக்கு கஷ்டத்தை விளைவிக்கிறது.இது நோயாளியை பராமரிப்பாளரிடம் எப்பொழுதும் சார்ந்து இருக்கச் செய்யும். ஈடுபாடு உணர்ச்சி, பெற்றோர்களில் குறிப்பாக தாய்மார்கள், சில நேரம் அப்பா, எப்பொழுதாவது உறவினர்கள் காட்டப்படுகிறது.

எடுத்துக்காட்டு:–

பராமரிப்பாளர் தன்னைத் தானே குற்றம் சுமத்திக் கொள்வார். எல்லாமே அவரின் தப்பால் நடந்ததாகவும், இரக்கம் காட்டுதல் நோயாளியின் தினசரி வேலையை செய்யவிடாது இருத்தல், சுய அலட்சியமாக இருத்தல், தன்னுடைய தேவைகளுக்கு குறைவான முக்கியத்துவம் கொடுத்து நோயாளியின் தேவைக்கு அதிக முக்கியத்துவம் கொடுத்தல்.

விரோதம்

இது எதனால் ஏற்படுகிறது என்றால் பராமரிப்பாளரின் சமாளிக்க முடியாத கோபம், எரிச்சல், விமர்சன கருத்துகள். அது நோயாளியை நிராகரிக்க வழிவகுக்கிறது.

எடுத்துக்காட்டு:–

நோயாளி ஆனவர் தனக்கு தொந்தரவு கொடுப்பதாகவும், நோயாளியிடம் இருந்து விலகி வாழ ஆசைப்படுவதாகவும், நோயாளியை திட்டுவதாலும், சீக்கிரம் எரிச்சல் படுவதாலும், நோயாளியால் நோயை கட்டுப்படுத்த முடியும் என்றும் அவர் நடிப்பதாகவும் பராமரிப்பாளர் கூறுவார்.

அரவணைப்பு

இரக்கம், கவலை மற்றும் அக்கரையின் மூலமாக அளக்கப்படுகிறது.இது பெரும்பாலும் உறவினரின் இரக்கமான அணுகு முறை மூலம் வெளிப்படுத்தப் படுகிறது. அரவணைப்பு என்பது குறைந்த வெளிப்படுத்தப்படும் உணர்ச்சியின் குணநலம் ஆகும்.

எடுத்துக்காட்டு :–

நோயாளி எல்லோரிடமும் சேர்ந்து செல்வதாகவும், அவருக்கு அதிக உணர்ச்சி இருப்பதாகவும், எளிதாக எல்லோரிடமும் சேர்வதாகவும் பராமரிப்பாளர் கூறுவார்

நேர்மறை சம்பந்தமாக

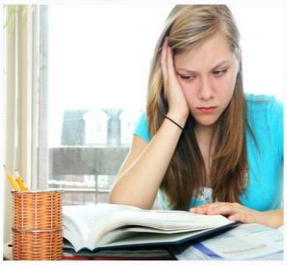
நேர்மறையை குறித்து பாராட்டுவது அல்லது நோயாளியின் நடத்தைகளுக்கு ஆதரவு அளித்தல் மற்றும் பராமரிப்பாளரின் வாய்மொழி, செயல்கள் மூலமாகஉற்சாகபடுத்துதல்

எடுத்துக்காட்டு :–

குடும்ப உறுப்பினர் நோயாளியானவர் தங்களுடன் அதிக நெருக்கமாக இருப்பதாகவும், நோயாளியின் சிறிய முயற்சியை கூட பாராட்டுதல் மேலும் நோயாளியை நம்பிக்கையுடன் வைக்க முடியும் என்றும் அவருடன் சந்தோஷமாக இருப்பதாகவும் பராமரிப்பாளர்கள் கூறுவர்.

வெளிப்படுத்தினர் உணர்ச்சியின் ஆரம்ப எச்சரிக்கை அறிகுறிகள்

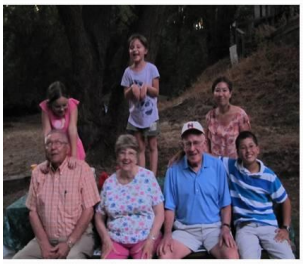
பதட்டம்



கவனம் செலுத்துவதில் கஷ்டப்படுதல்

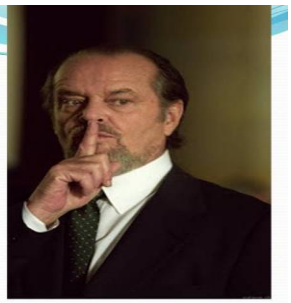
- பசியின்மை
- நண்பர்களை குறைவாக பார்த்தல்
- மன அழுத்தம்

ஆரோக்கியமற்ற நிலைலையை தடுக்கும் சிகிச்சை முறை



உங்களது அன்புக்கு உரியவர்களுடன்பேசுதல்.

மருத்துவர் கூறியபடி மருந்து எடுக்க வற்புறுத்தல்.



உங்களின் அன்புக்குரியவர்களின் மனஅழுத்தத்தை குறைக்க அவர்களை தியானம், கோப சமாளிப்பு மற்றும் நேர்மறை சிந்தனை ஆகியவற்றில் பங்குகொள்ள செய்யவும்.

ஆரோக்கியமற்ற நிலையின் அறிகுறிகளை அடிக்கடி கவனிக்கவும் இது அடுத்தவர்களை தவிர்த்தல், தாமதமாக எழுந்திருத்தல், தற்கொலை செய்யும் முயற்சியாகும்.

நோயின் அறிகுறிகளை தூண்டக்கூடிய சூழ்நிலைகளை அடையாள கண்டு அதனை தவிர்க்கவும், மேலும் உங்கள் அன்புக்கு உரியவர்களை தேவையற்ற சூழ்நிலைக்கு வழிகாட்டுவதை தவிர்க்கவும்.

ஆரோக்கியமற்ற நிலையை உண்டாக்கும் காரணங்களை தடுக்கும் வழிமுறைகள் :

1.பக்கத்தில் உறுதுணையாக இருத்தல்

நோயாளியும் அவர்களை சார்ந்தவர்களும் மாலை நேரத்திலும் வாரத்தில் கடைசி நாள்களிலும் பார்த்து உறுதுணையாக இருக்க வேண்டும்.

2.ஆரம்ப அறிகுறிகளை கவனித்தல் :-

ஆரம்ப அறிகுறிகளான தூக்கமின்மை, பதட்டம், தடுமாற்றம், குறைவாக சாப்பிடுதல், கவனம் செலுத்துவதில் கஷ்டப்படுதல் சமுதாயத்தில் இருந்து விலகி இருத்தல், மன அழுத்தம், தன் காதுக்குள் யாரோ பேசுவது போல் இருத்தல். ஆர்வம் இல்லாமை, சுயசுத்தம் குறைவாக இருத்தல், எரிச்சல் படுதல்.

3.வெகு சீக்கிர சிகிச்சை முறை :-

இதில் அடங்குவது என்னவென்றால் ஆதரவு சிகிச்சை முறை, தேவையான அதிகப்படியான மருந்துகள் மேலும் கஷ்டமான பிரச்சனைகளைத் தீர்த்தல் வெகு சீக்கிர அறிகுறிகளை அறிந்து அதற்கு தேவையான முறையைக் கையாளுதல்.

4. குடும்பத்தினர் மற்றும் பிற ஆதரவாளர்களுடன் நெருக்கமான வேலை :-

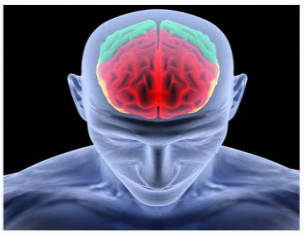
சில நோயாளிகள் ஆரோக்கியமற்ற நிலையை உண்டாக்கும் அறிகுறிகளைகண்டு பிடிக்க முடியாமலும் சொல்லத் தெரியாமலும் இருப்பர். அந்த மாதிரி நபர்களுக்கு குடும்ப உறுப்பினர்கள், தோழர்கள், பணியாற்றுபவர்கள், குடும்ப ஆலோசகர் உதவி செய்ய வேண்டும்.

வெளிப்படுத்தினர் உணர்ச்சிகளை தடுப்பதால் ஏற்படும் நன்மைகள்

- ஆரோக்கியமற்ற நிலை குறையும்
- தற்கொலை மூலம் மரணம் குறையும்
- மருத்துவமனையின் சேர்க்கை குறையும்
- நோயின் மீது கட்டுப்பாடு இருக்கும்
- நோயாளி மற்றும் உறவினர்களின் நடத்தையில் மாற்றம் ஏற்படும்
- நே ாயாளி சமுதாய விழாவில் பங்கு கொள்வார்
- வாழ்க்கை நிலையில் திருப்திக்கர மாற்றத்தை உண்டாக்கும்.
- ஒழுங்கற்ற நடத்தை குறையும்
- வேலை வாய்ப்பு நிலையில் முன்னேற்றம்
- பொருளாதார நிலையில் முன்னேற்றம்

வெளிப்படுத்தினர் உணர்ச்சியை குறைக்க உளவியல் சிகிச்சை முறைகள்

சிகிச்சை முறையில் குடும்பத்தினரின் பங்கேற்பு



மனச்சிதைவு பற்றியப்படிப்பு.

உரையாடல் பயிற்சி

பிரச்சனையை தீர்ப்பதற்கான பயிற்சி

நெருக்கடி தலையீடு


நன்றி